HARVARD MEDICAL

ALUMNI BULLETIN SUMMER 1983

Rites of Passage

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FEATURES

DEPARTMENTS

COVER PHOTOGRAPH BY JERRY BERNDT

INSIDE H.M.A.B.

Alumni Day brought the Bicentennial year to a soft close. There was satisfaction for the past and present and a healthy lack of complacency for the future. On Class Day, the students were in good form. Their comments were positive, assured. Missing were the complaints of how hard it is to have to go to Harvard that have plagued the alumni and faculty for years. The students chose their guest speakers well.

Alumni Day is a very special day of remembering, reminiscence, and the hazy glow of nostalgia. This is particularly a day for "seasoned" alumni, and we honor them on the cover. Fifty years out, they are more than survivors: they are the sachems of the tribe. During the Bicentennial year we have had buildings and deans and students on the cover. Now let's hear it for the sachems.

When *they* graduated from HMS, "that man in the White House" was ushering in the New Deal. "A new deal of old cards, no longer stacked against the common man. Opponents called it near fascism or near communism, but it was American as a bale of hay" (S.E. Morison). Within two months, Hindenberg had died and Hitler had merged the offices of chancellor and president of the Third Reich. The road to Armageddon and Auschwitz was clear, but only for those who could see it. At least the way was eased by repeal of the Volstead Act. Away went the gold standard. Up with the NRA, on with the TVA, which became the power base for Oak Ridge. And, yes, there was a woman in the Cabinet, Frances Perkins.

All far away and long ago.

So we honor those who made it to 50 years and those who didn't, and, of course, HMS, which made it to 201.

—Gordon Scannell

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LETTERS

Double Takes

Hospital Finance

The article on hospital finance by Mitchell Rabkin '55 in the Spring 1983 issue includes the notion that "Chapter 372 did not spring forth because the financial performance in Massachusetts was worse than that in the United States as a whole." Rabkin blames the general condition of the national economy for this legislation. I disagree.

In Massachusetts the unemployment rate has been lower than the national average for years; Medicare and Medex costs are far in excess of national averages; and hospital *per diem* costs are higher than in any other state. The reasons for such phenomena ought to be obvious: over 70 percent of the hospital beds in Boston are teaching beds, and thus are more expensive than they might be.

Solutions to the problem ought also to be obvious, though painful and potentially tragic. There are too many medical schools in Massachusetts. One solution, lest they and their teaching hospitals become the only acute health-care facilities in the Commonwealth, is to eliminate at least two of them.

Another solution is to allow only those patients in tertiary-care facilities whose conditions require treatment in such a facility to be fully reimbursed by insurance. The patient not in need of the more expensive care would pay the difference for inappropriate hospitalization.

It is unfortunate that these solutions need to be considered. A society that pays 10 percent of its gross national product for health care ought to be considered enlightened, especially considering where much of the rest of the budget goes.

May I add that there is too much rhetoric about health-care costs when the real problem is health-insurance costs. There is hardly a skyline of a big city in this country not dominated by insurance company skyscrapers. Chapter 372 is an effort by these companies to increase their profits at the expense of the health-care industry in Massachusetts, which happens to be the leading employer in this state.

The Business Roundtable ought to consider that once it imposes such controls, which will be the real beginning of the rationing of health care, it may start a trend which progressively squeezes its own members out of existence.

—Joseph R. Barrie '60

Mitchell Rabkin '55 responds: My point was that business expands in a burgeoning economy, and with a favorable bottom line readily adds to health-care benefits to help in recruiting and keeping employees. But with the recent downturn, the basket of health benefits has been viewed as a dollar drain, and ways have been sought to trim these costs. It is difficult for any employer to *cut* benefits; more feasible is to trim, through constriction of payment—as with Chapter 372—the delivery system created during years of relatively uncontrolled payment. Even though prospective restriction is likely not the *best* way to achieve the most prudent use of resources, it is relatively easy to implement and, for the payor, produces quick results.

I am fascinated by Dr. Barrie's assertions that "at least two" of the four Massachusetts medical schools should go, and that only the inordinately complex and problematic patient whose hospitalization is appropriate nowhere other than the tertiary care facility should be allowed under that facility's roof. These pronouncements are little more than bemusing in the absence of supporting data and compelling logic. Similarly, the insurance company skyscraper is no more demonstrative of gouging than is the predominance of Mercedes sedans in the doctors' parking lot. Things may not always be what they seem at first glance.

Back to School

I recently had the opportunity to spend a week participating in the Alumni Return Program. Since this program is an excellent educational opportunity and a chance to see how the medical school is currently functioning, I am writing to urge other alumni to take advantage of it.

My week was spent in the Department of Dermatology with Ken Arndt, the head of the Dermatology Unit at Beth Israel Hospital, as my preceptor. I visited clinics at the Beth Israel, Massachusetts General, and Children's hospitals, went on rounds at the BI and Brigham and Women's, reviewed departmental teaching slides, and visited an occupational dermatology clinic. I did not see patients on my own but instead shadowed the senior Attendings as they reviewed patients.

There was ample opportunity to ask questions both about the patients we saw and about specific problems in my practice. Since there is no charge for the Alumni Return Program, my only expenses were for travel, parking, and meals. I will receive a certificate from the Office of Continuing Education listing my hours of study.

For those alumni considering participation in the Alumni Return Program, I would make the following suggestions:

1. Plan a program at least one week in length. It takes a while to learn one's way around.

2. Try to be as specific as possible about what you would like to study in order to select the proper preceptor and site.

3. The program works best for clinical topics, especially those in which touching, seeing, and hearing are important.

Anyone interested in the program should contact Nancy Bennett, Ph.D., in the Office of Continuing Education.

—Karl Singer '67

Editor's Note: "Heavens," thought the editor as he looked, carefully this time, at the partial pedigree of Boston's medical families in the Spring 1983 issue, "there are some dreadful omissions."

Where is Richard Warren Dwight '44? Or Lamar Soutter '35, part of the splendid Shattuck succession, and married to Mary Bigelow, sister of Frederick Shattuck Bigelow '42? Then there is Bradley Bigelow '44, but he is in New York. And Charlie Bradford '38, here in Cambridge. Finally that staunch friend of the present generation of medical students, Dorothy Rackemann, worthy scion / scioness of the Minot tradition.

Great Brahma from his mystic heaven groans,
and all his priesthood moans.
—Endymion

Correction: The obituary of Albert A. Hornor in the Spring 1983 issue incorrectly gave his birthdate as 1896. Dr. Hornor was born on September 15, 1886.

The editors welcome letters from readers, particularly in regard to articles published recently in the Harvard Medical Alumni Bulletin. *Letters should be brief, double spaced, submitted in duplicate, and marked "for publication." Not all letters can be used; those accepted will become the property of the* HMAB *and may be edited, although we are unable to provide pre-publication proofs.*

PULSE

Outstanding Faculty Honored

Julian Gilliam and Leslie Fang

Though often lauded for their clinical or research skills, medical educators tend to receive less public commendation for their most vital function: teaching future physicians. But at the end of each academic year they find recognition from those who can appreciate them most. This year, eight members of the faculty were honored for excellence in teaching, chosen by committees of their students and their peers.

Three awards were given by the outgoing Class of 1983 at their Class Day exercises, to Samuel E. Lux IV, associate professor of pediatrics at Children's Hospital; Martin A. Samuels, assistant professor of neurology at Brigham and Women's and West Roxbury VA hospitals; and Robert P. Masland, Jr., associate professor of pediatrics at Children's Hospital. In presenting the awards, Class Day chairperson Kenneth R. First said that Dr. Lux's "enthusiasm, time, and energy were unmatched." Of Dr. Samuels he noted, "He is most interested in students, and brings a phenomenal amount of insight and excitement to a field which involves a very sick group of patients with difficult diagnostic problems." According to First, Dr. Masland's "enthusiasm and brilliant teaching has resulted in the huge number of pediatricians in our class."

At the Faculty Council meeting in June, two Prizes for Excellence in Teaching and the S. Robert Stone Award for Teaching were presented. Cecil H. Coggins '58, associate professor of medicine, lecturer, and section leader in renal pathophysiology and director of the Health Sciences and Technology (HST) renal pathophysiology course; and Gilbert H. Daniels '66, assistant professor of medicine, lecturer, and section leader for the endocrine pathophysiology course, received the Prizes for Excellence in Teaching.

These awards, established in 1982 by the Faculty Council to help improve teaching at the medical school, are given on the recommendation of a student/faculty committee, which received more than 50 nominations from second- and fourth-year students. Dr. Coggins impressed students as being "an excellent role model who understands so well the excitement, anxiety, and sensitivity of the early clinical years." Dr. Daniels was characterized as "an excellent clinician with a real commitment to and interest in teaching."

Dean Daniel C. Tosteson presented the Stone award to Margot S. Kruskall, instructor in medicine, lecturer, and section leader for the hematology block of pathophysiology, and attending physician for the medical and hematology/oncology services at the Beth Israel Hospital.

Dr. Kruskall is the third recipient of the Stone award, established to honor excellence in teaching at the BI. The faculty/student/resident selection committee that chose Dr. Kruskall received 48 nominations from all HMS classes and BI staff members. One student described Dr. Kruskall as "an excellent teacher, extremely responsive to students' interests and needs, with an infectious enthusiasm for hematology."

The Boylston Society announced its teaching awards, which alternate annually between clinical and pre-clinical faculty, at its final meeting of the year. One award went to Leslie Fang '74, instructor in medicine and director of the Core Clinical Clerkship in Medicine at Massachusetts General Hospital. One student said of him, "he coaxes, leads, and nudges students to learn to approach patients rationally and compassionately." The other award went to Julian Gilliam, assistant clinical professor of radiology at the West Roxbury VA Hospital, who was called "a living tribute to the gentle, caring physician." □

Robert Masland

Margot Kruskall

Cecil Coggins

Gilbert Daniels

Samuel Lux IV

Martin Samuels

New Children's Affiliation

In order to offer a more continuous, comprehensive system of health care for children, Children's Hospital and Kennedy Memorial Hospital for Children, Brighton, have established a formal affiliation of their departments of pediatrics and orthopedics. Under the new agreement, several physicians from Children's will work part-time at Kennedy Memorial, conducting clinics, making rounds, and seeing patients.

David S. Weiner, president of Children's, sees the affiliation as "a strengthened commitment to pediatric rehabilitation. As such, it forms a bridge between the wide range of care now available at Children's and the long-term care we are able to provide at Montrath, our 76-bed pediatric nursing home in Groton."

The new arrangement will enable Kennedy Memorial to increase its care of special-needs children, conduct more research on handicapping conditions, and expand teaching efforts for physicians, nurses, and other health professionals.

Kennedy Memorial was founded in 1949 by the late Richard Cardinal Cushing and the Franciscan Missionaries of Mary to offer convalescent and rehabilitation care to multiply-handicapped children. Today it is a 100-bed hospital with inpatient and outpatient services in general medicine and dental care, rehabilitation programs, a day-school program, and comprehensive evaluation services for special-needs children.

Faces of Medicine

"It's not over yet," said Dean Daniel C. Tosteson as he officially closed the Bicentennial year on Alumni Day. "The medical school is giving a gift to the world, in the form of a television series on modern medicine."

The series, "Faces of Medicine," consists of five half-hour documentaries, each centering on a distinguished physician and medical scholar. Two of the five deal with physicians at Harvard teaching hospitals. "A Better Way," on artificial skin for burn patients, focuses on John F. Burke '51, surgeon and teacher at Massachusetts General Hospital. "A Professor of Surgery" is a portrait of William Silen, of Beth Israel Hospital.

Mildred Stahlman's work on premature birth at Vanderbilt University, Nashville, is treated in "Born Too Soon." "The Last Hope," on bone marrow transplantation for leukemia patients, concerns the work of E. Donnall Thomas '46, of the Fred Hutchinson Cancer Center, Seattle. And John Farquhar, of Stanford University, is the subject of "The Heart of the Matter," on the prevention of heart disease.

The idea for the series came from the Office of the Dean and was developed by Timothy Johnson, director of lay health information at HMS and co-founder of the *Harvard Medical School Health Letter.* Dr. Johnson hosts the programs, which were produced by Metromedia and underwritten by Johnson & Johnson. The series aired on public television in July and August. □

Essay Contest Winners

The Harvard Medical Alumni Association recently announced the winners of its second annual Prize Essay Contest. The contest is open to house staff and fellows associated with Harvard training programs, research fellows at HMS, and trainees in the division of medical sciences.

Alan M. Michelson, who is in the M.D./Ph.D. program at HMS and the Division of Hematology and Oncology at Children's Hospital, won in the basic science category with a paper titled "Boundaries of Gene Conversion within the Duplicated Human Alpha-Globin Genes: Concerted Evolution by Segmental Recombination." The winning paper in the clinical division, "The Treatment of Chronic Knee Synovitis With Dysprosium Ferric Hydroxide Macroaggregates," was written by Peter A. Lankenner, Jr. He works in the Department of Orthopedic Surgery at Brigham and Women's Hospital. Both authors received $500 checks and the chance to present their papers at the scientific symposia on Class Day.

Four members of the Alumni Council serve as judges for the contest. They may, if they wish, ask "referees"—specialists in a given field—to give an opinion on highly technical papers outside their own fields of specialty. This year's judges were Joseph S. Barr '60, Hope L. Druckman '76, Albert Mendeloff '42, and Stephanie Pincus '68.

The Alumni Association started the contest last year to bring forth scientific research that might not otherwise be promulgated, and to reaffirm the ties between the medical school and its associate alumni. Last year the basic science prize was given to Michael J. Yaremchuk and the clinical prize to James I. Hudson. □

New Alumni Association Officers

After a year's leadership of the Alumni Association, Jane G. Schaller '60 turned the gavel over to Joseph E. Murray '43B on Alumni Day. Murray

is professor of surgery at Brigham and Women's Hospital. The new president-elect is D. Kay Clawson '52, dean of the College of Medicine, University of Kentucky.

The association's new vice-president is David E. Marcello, Jr. '56, clinical professor of surgery at BU Medical School. Warren Point '45, professor of medicine and assistant chairman of the Department of Medicine, West Virginia University School of Medicine, as well as associate dean and director of the Department of Medicine at the university's medical center at Charleston, is the new treasurer. Grant V. Rodkey '43A, associate clinical professor of surgery at HMS, remains secretary.

Three new councillors have also been elected: Martin L. Greene '65, clinical associate professor of medicine, University of Washington School of Medicine; Diane Kittredge '72, clinical assistant professor of pediatrics, College of Medicine, University of Oklahoma; and Claire M. Stiles '56, professor of clinical anesthesia, University of Southern California. □

Surgeon Destroys Hotel

Cary Akins '70 has no trouble getting respect from his children these days. Not since they watched him blow up the Madison Hotel.

It all started on April 28, when Jim Manafort, head of the Manafort Construction Co., was admitted to the MGH with heart failure that required intra-aortic balloon pumping and surgery. Because there was a great deal of undamaged heart muscle, Akins was able to perform a single bypass operation without the heart-lung machine. Manafort recovered "terrifically well." In fact, he was soon insisting that he be released from the hospital before May 15.

PHOTO © FRANK L. GIULIANI CF MAGUIRE, INC.

When Akins asked why he had to go home by that date, Manafort countered, "What are you doing on Sunday? Want to blow up the Madison Hotel?"

Manafort returned to work eight days after his surgery. Two days later, Akins donned a hard hat to join Manafort and representatives of the subcontractor, Controlled Demolition, Inc. (CDI), who set the charges.

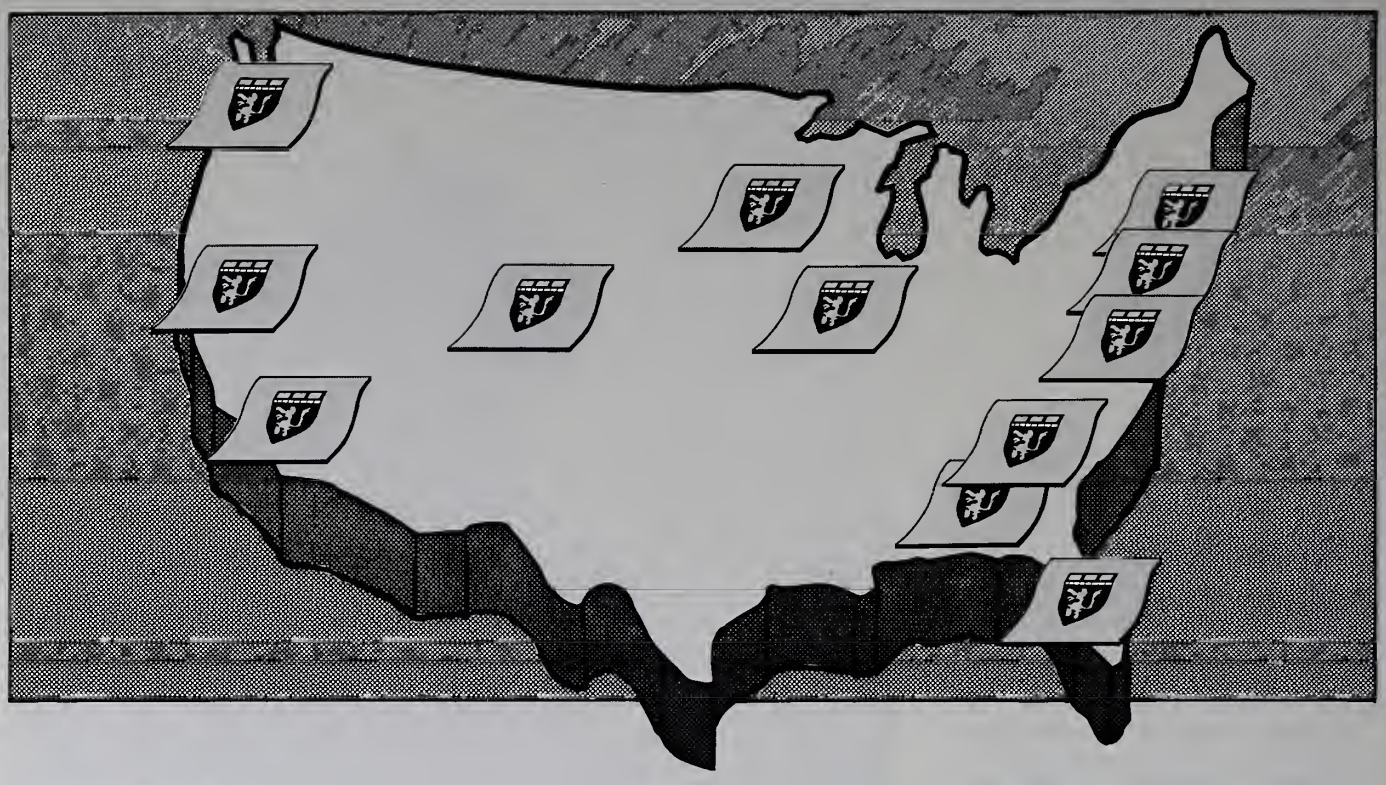
"There was a phenomenal amount of electricity in the air," Akins reports. "It was, I think, the third largest building to be dropped in the United States, and there were major concerns. After all, if the building were to fall the wrong way, there would be huge damage to the Boston Garden, the MTA tracks, the stores across the street."

While Akins' wife Barbara, daughter Jennifer (6), and son Scott (4) watched—along with about 26,000 other people—he did it. He pushed the button.

"I wasn't ready for the noise," Akins remembers. "The head of CDI and I were the people closest to the explosion. The noise and dust were unbelievable." He emerged from the experience with a new respect for demolition. "The building has to fall in the appropriate direction and sequence. Being able to predict it all is a real mixture of art and science—like medicine. I'm really grateful to the Manafort family for sharing this big event."

Asked how it felt for a physician to engage in massive destruction, Akins replied, "We all have to let off a little steam. I guess this settled the alter side of my ego for a few years."

How Akins will let off steam in a few years is anybody's guess. But if you see him wearing a hard hat, take shelter. □



All Over This Land

An estimated 18,000 people—both HMS alumni and Harvard non-medical alumni—attended the 12 regional celebrations of HMS's Bicentennial held during this year. There they saw old friends, renewed their bonds with the medical school, and enthusiastically participated in the programs, most of which were approved for Continuing Medical Education credits.

The events, organized by regional alumni committees, had in common presentations on HMS past and present, but otherwise varied greatly, concentrating on such themes as scientific advances, public policy, genetic research, and ethical questions. Many of the topics reflected the influence of local concerns, such as Florida's focus on aging, Philadelphia's on medicine and the humanities, the North Central region's on food and water, and North Carolina's and Washington-Baltimore's on medicine and policy-making. The talks in New York, Chicago, and northern and southern California, by contrast, were purely medical and scientific. Colorado's event, the only one entirely devoted to a historical theme, also boasted a day's skiing. Atlanta's eclectic progam (co-sponsored by the Harvard Alumni Association) covered a wider range than all the rest combined, from "Molecular Genetics and Evolution" to "Shakespeare's Erotic Suicides."

President Bok, Dean Tosteson, and former dean Robert H. Ebert delivered speeches to several of the meetings, as did HMS faculty members Baruj Benacerraf, Nobel laureate and professor of pathology; Philip Leder, John Emory Andrus Professor of Genetics; Leon Eisenberg, professor of psychiatry; and Francis D. Moore, Moseley Professor of Surgery emeritus. Hardy traveler Daniel D. Federman, dean for students and alumni, attended most of the celebrations. His record is topped only by Perry J. Culver, director of alumni relations, who traveled to every event, carrying with him the HMS banner.

Hanging the banner was not always easy, but somehow it was always accomplished. In Chapel Hill it was attached to two unequal-length flag standards. Nails were driven into the walls of a brand-new bank building in Seattle. Seeing the banner awkwardly draped over two portable blackboards in Philadelphia, Gordon Schwartz '60 volunteered to pay for a new, smaller one which can be hung more easily at future alumni meetings. He seems to be starting a new tradition, for the large banner was donated by Joseph S. Barr, Jr., and Allan A. Hoffman, who were his classmates at both Princeton and HMS.

Regional Bicentennial Planning Committees (in order of events):

Pacific Northwest (Seattle). Co-chairs: Martin L. Greene '65, Jane G. Schaller '60. Committee: Alexander Bill '39, John Maxwell '61, David R. Munoz '78, George F. Odland '46, Roberta Pagon '71, Paul G. Ramsey '75, Eric Sanderson '37, John A. Schilling '41, William Watts '42, Paul L. Weiden '67, Kathryn Zufall-Larson '75.

North Central (Minneapolis). Chair: David F. Hickok '56. Committee: Northrup Beach '38, Robert W. Beart, Jr. '71, Herbert L. Cantrill III '72, Cecil H. Chally '65, A. Erik Gundersen '55, Dwight C. Hoeg '50, Charles Peters '74, Dean K. Rizer '38, Wesley W. Spink '32, Yang Wang '52, L. Emmerson Ward '43A, Erich S. Wisiol '54.

Northern California (San Francisco). Chair: Rodman D. Starke '58. Committee: Abraham Aranow '66, Barton A. Brown '58, Sheldon M. Levin '50, John A. Mills '65, Lloyd Smith, Jr. '48.

Chicago. Chair: J. Donald Ostrow '54. Treasurer: Ralph W. Stoll '65. Committee: Richard C. Burnstine '54, James A. Campbell '43B, Emerson Day '38, Buford Hall '45, Arthur L. Herbst '59, Glen R. Leymaster '42, Joseph V. Messer '56, Edward S. Petersen '45, Lawrence S. Phillips '67, Joseph G. Pittman '59, William D. Shorey '45, John B. Stetson '51, Frank E. Trobaugh, Jr. '43B, Joan Weens '70.

Washington-Baltimore (Washington, D.C.). Chair: Christopher T. Bever '43B. Arrangements: Henry Work '37. Program: F. Kash Mostofi '39. Committee: Bryan K. Arling '69, Bernadine H. Bulkley '69, Joseph W. Burnett '58, Oscar S. DePriest III '54, Robert L. DuPont '62, Michael M. Frank '60, Gilman D. Grave '66, William Haddon, Jr. '53, Naomi G. Heller '60, A.F. Kennedy '45, Keith M. Lindgren '63, Caro Luhrs '60, Sydney Ross '43B, Marshall de G. Ruffin '36, Stephen A. Sherwin '74, Gary Soverow '72, Carl E. Taylor '41, Donald M. Watkin '46.

Florida (Miami). Chair: Robert A. McNaughton '45. Committee: Rufus K. Broadaway '50, Lawrence M. Fishman '60, Jan P. Gardiner (Harvard Club of Miami), David S. Howell '47, Robert B. Lawson '36, D. Ralph Millard, Jr. '44, Harold C. Spear '47, Roger Zoeller (Harvard Club of Miami).

Rocky Mountain (Denver). Co-chairs: Roger S. Mitchell '34, John W. Singleton '57. Committee: Roger Barkin '70, Robert K. Brown '37, Robert G. Chapman '51, Charles De Groot, M.B.A. '69, George Filmer '35, Curt R. Freed '69, Firmon E. Hardenbergh '56, Leonard Kapelovitz '65, Ronald Tegtmeier '68, R.C.A. Weatherly-White '58, Michael Williams, Law '59.

Southern California (Los Angeles). President: Loren G. MacKinney '45. Vice-President: Ben T. Chaffey '60. Secretary-Treasurer: Stanley H. Wishner '65. Committee: Wiley F. Barker '44, Timothy V. Dalton '70, George U. Fisher '65, Stanley S. Franklin '56, Wayne S. Gradman '68, William E. Hitselberger '56, James S. McKittrick '53, Claire M. Stiles '56.

North Carolina (Chapel Hill). Co-chairs: Stephen Bandeian '77, Marshall de G. Ruffin, Jr. '78, Woodward Cannon '70. Committee: Eben Alexander '39, Ernest Craige '43A, Thomas Farmer '41, Robert Fletcher '66, Christopher Fordham III '51, Thomas Frothingham '51, Norin Hadler '68, Samuel Katz '52, William Lassiter '54, Isaac Manly '46, Roger Morrison '43A, Charles Peete '47 William Peete '47, William Pitts '33, Rose Shalom '78, Peter Thurlow '77.

Southeast (Atlanta). Chair: John M. Griffin '63. Committee: M. Joshua Jurkiewicz '52, S. David Kahn '54, J. Michael Lane '61, Elbert P. Tuttle, Jr. '51, Joseph A. Wilber '52.

New York (New York City). Committee: Stuart Quan '45 Eugene Watkins '43B, Walter Wichern '45, Chin Bor Yeoh '57.

Philadelphia. Committee: Thomas G. Gabuzda '55, Joseph S. Gonnella '59, William M. Keane '70, Edward C. Rosenow, Jr. '35, Gordon F. Schwartz '60, Warren Sewall '67, Hugo D. Smith '47, Herbert S. Waxman '62. □

Class Day

As chairperson Kenneth First '83 reminded the audience at the HMS Class Day ceremonies this year, it was "a day to honor our class, not because we are Harvard students or this is a bicentennial graduation, but because we are a group of young people who have achieved our dream of becoming physicians through our desire, determination, and dedication."

It was a day during which the sense of the past instilled in the school and its community over its 200th year was vividly overshadowed by moments of high human drama very much in the present. "For some of you," commented First, "this is just another of your child's wonderful achievements, but do not take it for granted. Today I ask you to applaud the group of physicians before you because they have surmounted innumerable obstacles in order to pursue their dream."

As he spoke, classmate Seth Wolk and his wife were waiting to become parents in a hospital just a few hundred yards away, and classmate Linda Fay waited in her wheelchair to graduate with the others. Before either of those events transpired, classmate Sherry Haydock presented a special award from the class to Deborah Atwood, Vanderbilt Hall manager, who, although recovering from a severe accident, walked to the stage on crutches, and classmate Lachlan Forrow asked the assemblage for a moment of silence for Robert Ely '83. Ely died last year in a swimming accident in Gabon, Africa, while there on an Albert Schweitzer Fellowship.

Noting that photography was one of Ely's greatest joys, Forrow presented two gifts from the class to the school: a photograph taken by Ely, and a donation to the Robert E. Ely Memorial Fund. He then read a line from a physician's oath Ely wrote during Introduction to Clinical Medicine: "I will try to be humble, simple, and human as I undertake this Promethean profession and swear this ambitious oath." The photograph now hangs in the Student Affairs Office.

Also honored by the class with a special award was Geri Raper, interview coordinator of the Admissions Office since 1978, cited as "a true friend to our class as we have advanced through school," and "truly, but hopefully no longer, one of the unsung heroes at the medical school."

The students chose as special guest Class Day speakers Norman Cousins, "a man equally at home in the world of literature and the world of medicine, and whose goal is for universal peace," and Bernard Lown, "not only devoted to the prevention of sudden death via cardiovascular disease, but also acutely interested in making a life-saving contribution to society through his work against nuclear war." Their talks can be found after the four student speeches in the following pages.

Three faculty members were chosen by the class for teaching awards (see Pulse): pediatricians Samuel E. Lux and Robert P. Masland, and neurologist Martin A. Samuels.

In his valediction, Dean Tosteson welcomed the class to the company of Harvard physicians. "Remember," he said, "that learning and caring are not a place to be reached, but a way. If you follow that way, you will serve your patients well, you will discover your-

Class Day photos by Jerry Berndt

selves, and you will create a third century for Harvard Medical School that will be equal to the great heritage we inherit from those who went before."

Thirteen students received their degrees cum laude, magna cum laude, or summa cum laude in a special field, and eight prizes and awards were given in specific areas of achievement. Missing from the list that follows is the achievement of Seth Wolk, who arrived at the Class Day ceremonies in time to receive his degree, after having greeted his daughter into the world.

Jonathan S. Bromberg, James Tolbert Shipley Prize for research, the results of which have been published or accepted for publication: "Mechanisms of Regulation of Cell-Mediated Immunity. VII. Suppressor T Cells Induced by Suboptimal Doses of Antigen Plus an I-J-Specific Allogeneic Effect." J Exp. Med. 1981; 153:437-449. "Hapten-Coupled Monoclonal Anti-I-A Antibodies Provide a First Signal for the Induction of Suppression." J Immunol. 1982; 128:834-837. "Viral Antigens Act as Helper Determinants for Antibody Responses to Cell Surface Antigens." J Immunol. 1982; 129:683-688.

Alan D. D'Andrea, magna cum laude and Harold Lamport Biomedical Research Prize for the best paper reporting original research in the biomedical sciences: "High Resolution Analysis of the Timing of Replication of Specific DNA Sequences During the S Phase of Mammalian Cells."

Reed E. Drews, magna cum laude: "Transport of a Renin Inhibitor Across Rabbit Jejunum *In Vitro*."

Elazer R. Edelman, cum laude: "Regulation of Drug Delivery from Porous Polymers by Oscillating Magnetic Fields."

Edward B. Elmer, cum laude: "Factors Influencing the Selectivity and Photodynamic Action of Hematoporphyrin Derivative."

Douglas L. Fraker, magna cum laude and Henry Asbury Christian Award for notable scholarship in studies or research: "Membrane Sialic Acid: A Role in Reperfusion Injury to the Ischemic Myocardium."

Alan D. Friedman, cum laude: "Erythropoiesis: Molecular Studies on Hemoglobin Switching, Commitment and Globin Gene Induction."

Gilad-Shalag Gordon, cum laude: "Intranasal Administration of Insulin via Insulin-Bile Salt Aerosols."

Orlando Cecilio Kirton, cum laude: "Pulmonary Structural and Hemodynamic Alterations Induced by Intra-Abdominal Sepsis and Endotoxemia: New Models of Subacute Lung Injury," and Kaiser/National Medical Fellowship Merit Award for outstanding academic achievement by a graduating minority student.

Daniel R. Kuritzkes, summa cum laude and Leon Reznick Memorial Prize for excellence and accomplishment in research: "Expression of *Escherichia coli* Fumarate Reductase and Anaerobic Glycerol 3-Phosphate Dehydrogenase Genes Studied with *frd-lac* and *glpA-lac* Fusions."

Jose A. Gálvez López, cum laude: "The Effect of the Intracarotid Administration of Ouabain," and Kaiser/National Medical Fellowship Merit Award for outstanding academic achievement by a graduating minority medical student.

Roger M. Macklis, cum laude: "The Control of Fetal Hemoglobin Production in Adults: A Possible Strategy for the Treatment of *Beta*-Hemoglobinopathies."

Christopher A. Percy, Rose Seegal Prize for the best paper on the relation of the medical profession to the community: "Does Community Participation Make a Difference: The Role of Community Boards in Neighborhood Health Centers."

Jay J. Schnitzer, cum laude: "Measurement of ^{125}I-Low Density Lipoprotein in Selected Tissues of the Squirrel Monkey."

Lawrence C. Siegel, cum laude: "Endorphins and Alveolar Hypoxic Pulmonary Vasoconstriction."

Rogelio I. Thomas, Kaiser/National Medical Fellowship Merit Award for outstanding academic achievement by a graduating minority medical student.

Doctors' Meditation

by Albert S. Axelrad

May I remain ever mindful of the high ideals to which I chose to dedicate my life through the practice of medicine. May the knowledge that my decisions affect the life and death of my patients help me to retain alertness and competence. Let me recognize my limitations with humility, that I may continue to learn and to grow. In the face of abundant pressures let me apportion my time and give of myself wisely. As I treat people with serious illnesses, may I remember always that my patients are persons, not merely cases; that they are individuals with feelings, not only diseases. As I confront their medical problems with proficiency, let me treat them and their families with compassion and understanding. Let me empathize with the frightening and disorienting dimensions of sickness and surgery. May I always be sensitive to my patients' fears of pain, vulnerability and loss of control. May my doctoring always represent the noblest of combinations—medical excellence and human kindness.

Albert S. Axelrad is chaplain and Hillel director at Brandeis University. The Class of '83 chose his oath to be printed along with the familiar oath of Maimonides in the Class Day program.

Raiders of the Lost Art

by Mark Ditmar '83

The problem is really quite simple. The crisis facing the medical student of 1983 is not one of mastering the enormous informational and technological advances of our time, nor of coping with the ever-present variety of anguishing ethical dilemmas. Certainly, these are major issues. The real difficulty, however, is lousy public relations. We have an image problem.

It's hard to pinpoint when our regrettable reputation began. Most scholars trace its roots to the 18th century, when Flemish mystic Hans Gruber reportedly said, "How vastly improved would be the quality of medical care on this forbidding orb if somehow mankind could invent a machine for utilizing electromagnetic radiation for two vital functions: taking pictures of lungs and bone without the need for surgery and transforming every Harvard medical student into a toad."

The Gruber proclamation lives today. Ask any passerby for an opinion of medical students and the reply is likely to be that they are a bunch of slackers, eager for large wages and job security with a minimum of work and investment. But medical school doesn't fit that bill. That's why we have masters degrees in business administration.

As for the investment, tuition for medical school is escalating at a frightening rate. Since I began speaking, the cost of a lecture has increased by four dollars an hour. It is sobering to realize that if our class had collectively wagered just one week's tuition on the recent daily double combination of Charging Rocket and Mister Snuggles at Wonderland Racetrack, we would now own Buffalo, New York.

Patients' regard for medical students is also very low, owing in large part to television's portrayal of the medical student as a bumbling, uncoordinated, unfeeling oaf. How else could one explain what happened to one of our classmates? When a patient's family was informed that the Harvard medical student would be inserting an intravenous line, the nearby subject awoke from a six-week coma and desperately tried to hurl himself from the 14th floor of the Brigham and Women's Hospital. Even more disconcerting was the sight of the nurse frantically assisting him in opening the window.

Then there's the pressure. The media repeatedly highlight the stress of national board examinations and interrogations on rounds. They gleefully point to increased rates of medical student suicide, self-mutilation, bedwetting, and lousy tipping. To the American public, medical students are time bombs. Is it any wonder that when the class went home for Thanksgiving, 86 percent were asked to carve the turkey with plastic knives?

I must confess that for me the early days of medical school were just a continuation of college. The Dartmouth students played football, and then went to the package store. The Holy Cross students went directly to the package store. The Yalies talked about the Harvard students, and the Harvard students talked about themselves.

But what has emerged over the past four years is very different. What could have been a very competitive and self-serving process has for the most part been one of cooperation, celebration of spirit, and dedication.

It would be easy to be negative about medical school because the journey is fraught with disillusionment. It is saddening and discouraging to witness the all-too-often disparaging treatment of very dedicated and professional nurses, or to recoil from temper tantrums in the operating room, or to discover that majoring in political science might have been more appropriate than biology for a medical career. But these disappointments cannot overshadow the enormous rewards of

the past four years.

Some of Harvard Medical School's glorious heritage has surfaced as it has celebrated its 200th birthday this past year. However, we won't fully appreciate the accomplishments of Collins and Cushing and Cope until we've experienced the frustrations and limitations of modern medicine to a greater degree and understand how difficult and admirable their early discoveries were. But we can appreciate the school of today. This institution and its hospitals are staffed by a multitude of superb teachers and clinicians—individuals such as Robert Masland, Judah Folkman, Harvey Colten, and Bruce Dowton. To all who offered instruction with encouragement, we owe a great deal.

The quest continues for the science and art of medicine, the former vital and ever-changing, the latter an elusive mixture of compassion and judgment presumed by some to be lost in these days of high technology, defensive medicine, and crushing time constraints.

Certainly the frenetic pace of residency will strain our reserves of compassion and patience. Yet if someday the care of children with cancer or burns or other maladies ceases to be constantly ennobling, if granting the basic dignity deserved by the elderly becomes a chore, if the enormous courage demonstrated every day in a hospital passes by unnoticed, then we should leave. For at that point, the art will be not only lost, but irretrievable.

I'm betting this won't happen, for there are some truly remarkable people in this class. Gifted. Inspirational. Grateful. And also rather deeply in debt. So, if anyone does have inside information about tonight's daily double at Wonderland, you have a captive audience. □

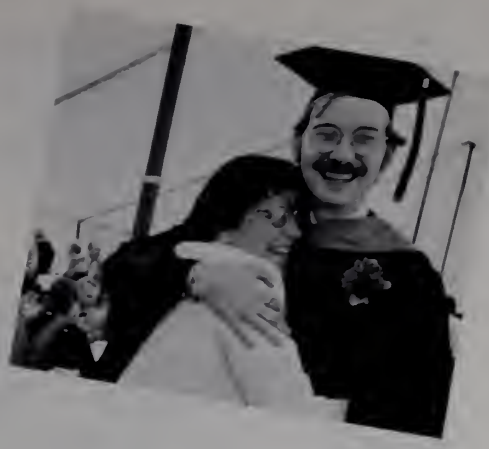
Why Are These People Smiling?

by Jack Keith Ringler '83

When Hippocrates wrote "the art is long," he wasn't kidding. It's a little disconcerting to realize that we've just completed the 20th grade. Our lengthy education has provided some unexpected benefits: for one thing, we're pretty good at graduating. You're about to see how good we've gotten at the old cross-hand diploma grab.

All this experience has led many of us to think seriously about how best to spend this, our last commencement ceremony. It is appropriate that we reflect on the remarkable 200-year-old institution housed in the buildings that surround us, and it is certainly proper that we contemplate the fate of our planet as well as the state of the medical art. But perhaps we should devote a small portion of the proceedings to our families and friends, by celebrating their contributions to our educations as physicians and as people.

When I think about the audience today, the word *diversity* comes to mind. There is certainly geographic diversity here. Randall Hickle tells me there are at least 16 Texans out there. There are also Coleys and Grecos from Connecticut, Skaches from Oregon,



Chaskas from North Dakota, Hamiltons from Brooklyn, Riveras from the Bronx. You get the idea.

There is also a diversity of personalities, talents, and philosophies represented in our families and friends, which most surely is reflected in us. Our yearbook, thoughtfully put together by Ned Elmer, reveals this diversity very clearly. Few of the photos have a medical theme. Instead, there's a picture of Ferric Fang playing the trumpet and one of Brooks Taylor making a baby laugh. Peter Rintels is smoking a cigar at his typewriter, Dan Lowenstein is feeding a marmot in Colorado, Jack Long is swinging a bat, Sherry Haydock is running the marathon, Hobart Harris is *walking* the marathon....

This is how we've chosen to remember one another. We cherish our diversity not merely because it makes life more interesting, but also because we think it plays an important role in our development as physicians. When we say thanks to you today, it's not simply for supporting our efforts to acquire a vast body of medical knowledge, but especially for nurturing our senses of humor, our physical fitness, and our interests in art, music, and the social sciences.

In this age of exploding information, when the molecular genetics I learned three years ago is already significantly outdated, it becomes all the more important to make real human contact with our patients. I've come to believe stongly that meaningful medical interaction depends on the physician's ability to know the patient, not merely the affliction. As Francis W. Peabody put it, "the secret of the care of the patient is in caring for the patient."

Because of the narrow intellectual focus commonly required by the new medicine, doctors risk losing the perspective which is as critical to medicine as factual information. Our risk is especially high now, as we face a year of near-total immersion in the hospital. Voltaire wrote: "Doctors pour drugs of which they know little; to cure diseases of which they know less; into human beings of which they know nothing." I'm not that cynical—yet. But all of us can tell stories about lost perspective in the teaching hospital.

So with our gratitude to you today goes a plea. As we try to reconcile the new technology with the old values on very little sleep, please keep an eye on us. Preserve our diversity. Hide the *New England Journal of Medicine* every now and then and put a *New Yorker* in its place. Don't let us watch too much television, and if we must, let it not be limited to "MASH," "Trapper John," and "St. Elsewhere." Incite ludicrous political debates when dinner conversations wax medical. Above all, make us laugh as often as you can.

Dexter Gordon, the great saxophonist, was once asked how to play jazz. "If you don't live it," he said, "you can't feel it. And if you can't feel it, you won't play it."

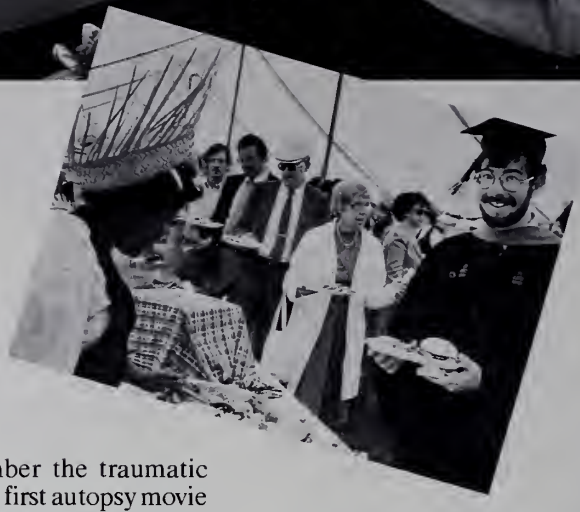
Let's raise a glass this afternoon to "living it." And then let's raise a second to the families and friends of the Class of '83. We would never have made it without you. □

Towards a Better Medical Education

by Susan Charlene Taylor '83

With the hundreds of different perspectives represented here today, whether we be faculty, administrators, graduates, or proud parents who have sweated out the past four years and perhaps should be receiving that diploma with the graduates today, we all agree, I am certain, that medical education is a complicated and involved process.

Each of us has a concept of the type of education that will produce the best physician. What do we mean by the "best" physician? We mean one who possesses keen intellectual ability (and hence can recite verbatim *Harrison's Principles of Internal Med-*



icine), and who can independently and creatively think, question, and form opinions. We also want physicians whose opinions and actions are tempered by sound moral and ethical judgment.

Since medicine is a constantly changing and dynamic field, it cannot be completely learned in four years. Thus certain key concepts, skills, and perspectives must be imparted to students upon which they can base their future self-education. In addition, the personal principles and values that form the basis of sound judgment must be developed during medical school, just as the ability to diagnose various pathologies is developed.

Often even major shortcomings in medical education, clearly perceived by students, will go unrecognized by educators simply because they have little time to reflect upon the student experience. Caught in the demands and pressures of packing a potential 10-year curriculum into four short years, many professors and Attendings may be less sensitive to the demands and pressures on medical students than they wish to be.

Much can be done to alleviate, or at least not add to, pressures placed on students with the grueling and often tedious work required to absorb masses of information. Those of us graduating today remember the traumatic effect of viewing the first autopsy movie when we were already mentally and physically exhausted from lectures, labs, and dissections. Surely the film could have been postponed to a more appropriate time, when its effect would have been less shocking. I offer this as just one example of ways to make the educational process more sensitive to the emotional needs of the students.

In light of Harvard Medical School's goals of leadership, ingenuity, and excellence in medicine, I would suggest that too much emphasis is placed upon mastering facts and data, and not enough attention given to encouraging independent thought and problem-solving ability. At the other extreme, often there is little actual teaching, particularly in the clinical years. The vast educational potential of the clinical rotations is limited or even lost when students are left to sink or swim, with little guidance from Attendings or house officers.

I would also suggest that the Socratic method has become license for the abuse of students. Many of us have had the experience of being devastated by an Attending. The Socratic method must not be used to suppress inquiry and creative thought. It should be restored to its original form, in which instructors use questions to elicit ideas from students. When implemented correctly, this method can stimulate deeper thinking and a greater breadth of understanding.

The challenge to improve medical education and make it more humane extends to us, the new physicians, and to those who have been our teachers. We must be mindful of the thoughts and feelings of our students as well as the demands of a most exacting profession. Students and teachers together must strive for the betterment not only of medical education but of the practice of medicine as a whole, for only by humanizing medical education can we further humanize medical practice. If we commit ourselves to this goal, our dream will become a reality.

I encourage and applaud all of you who take up this challenge with me. □

HMS Retrospective: A View From the Bottom

by Robert Burns Geller '83

We are a very special class, not only because of our graduation during the Bicentennial year, but even more important, because we are the product of unique times.

We were born into the Sputnik Generation, and were raised feeling that science would eventually cure all men's woes. We matured during the agony of the Vietnam War, watching our country torn by its own lack of purpose. We witnessed the embarrassment of the Watergate era, and now we're enduring the conservative social changes of the Reagan administration. From this perspective, I have come to my own conclusions of the need for change.

Medicine has always been cautious of change. It is a field which requires security in its purpose, support from those within, and understanding from all others. Medicine, constantly struggling to maintain itself, needs a firm foundation, but not a static one. Medicine must rely on students to support that foundation, for it is the students who will bring changes. The main focus of institutions such as Harvard Medical School must be to support this belief, for when any institution begins to underestimate the importance of its students, then its own foundation soon weakens.

It must be the purpose of universities and educators to allow new ideas the freedom to prosper, sometimes by setting aside old beliefs and practices. When students merely accept the ideas of their educators instead of allowing their teachers' experience to spark their own thoughts, then the progression of ideas has stopped. We must face the challenges ahead with the help of a firm foundation, but primarily with our own perceptions, for if we leave here with only the ideas of those who have educated and trained us, we forsake both ourselves and our institutions.

I have learned on the clinical wards over the past two years that the medical establishment must honor three principles when dealing with a patient. The first is that patients must have the freedom to feel in control of their minds and their bodies. Once patients' freedom is violated, they will view any treatment plan with contempt and hostility.

The second principle is that patients must continue to respect themselves. When respect is lost, patients are unable to wage their own fight against their illnesses.

The third and probably most important principle is that one must never allow the patient to lose hope, for hope forms the basis of understanding in any successful patient-physician relationship.

The same three principles hold true for the education of students. First, maintaining the students' freedom—the freedom to pursue their own ideas and question their environment. With freedom comes the courage and desire needed to confront each new problem.

Second, students must continue to respect themselves. Humiliation should never be a part of training. Experienced educators know that if they emphasize students' strengths, the students themselves quickly realize their own weaknesses and apply themselves accordingly. The third principle is hope: the idealism with which students enter medical school need not be soured by cynicism.

Medicine is one of the few areas in which the student quickly becomes the educator. One day in May we are students, and then one month later, we become teachers of other medical students. The most effective teachers have always been those rare people who have been able to maintain their individualism and their integrity. By our efforts we can create an atmosphere in which students are neither judged by their aggressiveness nor praised for their abilities to compete with one another, but instead honored for their patience, sensitivity, and compassion.

We will be the ones future classes will come to for the guidance and support we all have needed over the past four years, or we will be the ones they curse for arrogance and insensitivity, as we often have done.

Medicine is still an area in which one doctor can make a difference—by the manner in which he/she treats patients, by the thoughtful guidance shown to students, and by contributions in research laboratories and neighborhood clinics. When a doctor brings together the qualities of humanist, clinician, and scientist, all of medicine quickly benefits. □

Anomalies of Contemporary Medicine

by Norman Cousins

I ASK YOU TO REFLECT ON ONE of the great ironies of contemporary civilization: everyone's health—including the health of the next generation—may depend more on the health of society and the healing of nations than on the conquest of disease.

Let me digress. When I was 11 or 12, I had a friend whose father was a physician. Sometimes, when the doctor was off making house calls, we would steal into the library and go rummaging through his medical books. As you might imagine, the volumes with the greatest appeal were the ones with the most explicit anatomical illustrations. The most memorable of these books was titled *Anomalies and Curiosities of Medicine,* and was copiously illustrated with line drawings of nature's mistakes—a catalogue of freakish biological events that P.T. Barnum might have found useful in recruiting for his sideshows. This ghastly gallery was just the sort of display to kindle the macabre imagination of young boys.

Today, the most serious anomalies of medicine are chargeable to society itself. I refer to hazards and threats to human health and safety to which society is indifferent or acquiescent. These hazards are the result of policies and practices that may not produce actual freaks but have a freakish effect on lives and values. Most anomalous of all may be the effect on the medical profession, for the physician is expected to preside over human junk heaps created by society's failures and aberrant notions. It is difficult enough to attend to the ravages of disease that occur in the natural processes of living without having to contend with society's own defaults or misdeeds.

Perhaps the most obvious, but by no means most severe, example of such failures is the permission given by society to those who manufacture and sell handguns and other killing devices. This grim indulgence results each year in death or serious injury to thousands of persons. The physician is not involved in the authorization to make or distribute these weapons, but is obligated to provide medical care for the casualties they produce.

Among other modern anomalies, consider the subsidies given by the government to those who grow poisonous plants that cause serious disease. The same government that declares cigarette smoking and cancer to be closely related encourages farmers to produce the crops that produce the cancer. Even more bizarre is the appropriation of taxpayers' money to promote the sale of American cigarettes abroad.

In the same grisly catalogue of modern medical anomalies, consider society's stamp of approval on legal brain-battering, publicly deodorized by the term "prize-fighting." Society pays a penny to the civilized conscience by engaging physicians to sit in attendance during these human combats, but the physician has no way of preventing or reversing the brain hemorrhages that provide the supreme moment of public excitement and elation. If the word "anomaly" does not fit here, any other term will do. But nothing we say will restore damaged brain tissue or bring Duk Koo Kim or Benny Paret back to life.

The greatest medical anomaly of all, of course, is the combustible way nations conduct their affairs with one another. Breakdowns among nations produce more death and disease than any other combination of causes on earth. The conclusion is inescapable that the main threat to human health today is the foreign policies of governments. In the aggregate those policies are unworkable, irresponsible, irrational, primitive, volatile, and represent the ultimate betrayal of the people the nations are supposed to protect.

Indeed, the most important fact of life in the 20th century is that nations, invented to protect the lives, values, and property of their citizens, are no longer capable of performing their historic functions. Total power has led to total vulnerability. When the means of warfare reaches its zenith, war be-

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Norman Cousins is adjunct professor of psychiatry and biobehavioral sciences, UCLA School of Medicine, and president of the World Federalists Association of the United States. He was editor of Saturday Review *for 35 years; has authored several books, including the well-known* Anatomy of an Illness*; and has been awarded the U.S. Peace Medal, the Eleanor Roosevelt Peace Award, and the American Peace Award.*

We have become a welfare state in which the prime beneficiaries are those who are paid to make the weapons.

comes an exercise in mutual annihilation, a sort of national Jonestown, a forced parade of entire populations to the edge of the cliff and beyond.

Governments have been sponsoring research to create new diseases beyond the reach of any known antibiotics or other medical defenses. The idea that these poisons would be used only against an enemy is supposed to sanctify the process. During the Vietnam War, the United States denied using chemical weapons, but today American veterans are being treated for the aftereffects of the Agent Orange sprayed on Vietnamese soil.

If individuals were to involve themselves in attempts to invent new epidemics, they would be regarded as monsters and would be put away. But governments can engage in this madness and all is quiet.

Weapons technology not only enjoys survival priority over humans, it is clothed in semantic splendor. Words like "smart," "brilliant," and "sophisticated" are now attached to computerized electronic devices that can penetrate the most ingenious defenses. MARVs, MIRVs, lasers, and cruise missiles all belong to the same elaborate and redundant inventory.

Alongside such devices, human beings become puny, irrelevant, and incidental. The rationale for the development of these weapons is that the enemy is making them. Similarly, the strongest argument in behalf of massive military spending is that the other side is spending at least as much, or more. No one stops to inquire whether the other side may be spending wisely.

Thus the greatest anomaly of all in our time is the imitation of madness. It is carried on under the term "national security," a term we have allowed to stifle moral indignation, paralyze rational intelligence, and produce unreasoning acquiescence. Those who invoke this magical phrase need not demonstrate exactly how the national security will be served by any of the cataclysmic terrors that now inhabit the arsenals. All that is necessary is to point to the Russians. And, in this world of mirror images, the Russians need only point to the Americans.

By making sheer force the ultimate value, we have become its prisoner. By equating the national security with total power, we have become more insecure than ever before. By tying our freedom and values to the accumulation of explosives, we have ignored the need to develop the world institutions that alone can deal with basic problems of war and peace. By putting a large part of our natural resources at the disposal of the military, we have made the weapons industry the architect and arbiter of much of our foreign policy.

We have in fact become a welfare state, but the beneficiaries are not the poor, the dispossessed, or the sick; the prime beneficiaries are those who are paid to make the weapons—those who, to paraphrase President Eisenhower, are becoming a controlling factor in the society. Very little attention is paid to the reports of the Government Accounting Office documenting the waste, mismanagement, misspending, and fraud in the military budget. Meanwhile, in the name of economy and efficiency, funds for education and for the care of the ill and the elderly have been heavily pared.

At the core of all our military planning and preparations, one incontestable anomalous fact stands supreme: none of the weapons or military measures being developed or advocated will decrease our vulnerability. Their supposed function as deterrents is a psychological, not a military, calculation.

Neither the ICBMs, nor the MXs, nor the cruise missiles, nor the Trident submarines, nor the EMPs can defend our cities—anymore than the SS20s can protect Soviet cities. The new weapons can only add acid to apocalypse, desolation to devastation, extinction to extermination. We are inflating our muscles but are not covering our exposed parts.

The four most important words with which the Atomic Age began have lost none of their validity. Those words, *there is no defense*, began as warning and are now approaching epitaph. The $3 trillion we have spent since 1945 in the name of national defense have brought us only additional chips in what is actually a war of nerves. The American and Russian governments continue to add to their attacking arsenals with the pathological intensity of one who redoubles his efforts after losing sight of his objectives.

Why do we do it? Because both powers believe in a strategy of intimidation. But it is intimidation that does not intimidate, that only brings us all to the edge of a nuclear cliff. The casualties will not be confined to the belligerents. Extermination without representation is the central moral issue in our time, but it is not an issue that enters the debates over foreign policy.

The strategy of intimidation is essentially a psychological enterprise. Behind all the spending, posturing, and maneuvering, we are trying to get the Russians to think a certain way and the Russians are trying to get us to think a certain way; the least that can be expected is that we should know something about psychology. Yet a

With the new weapons we are inflating our muscles but are not covering our exposed parts.

fundamental rule in psychology is to avoid confusion. At the same time we want the Soviet leaders to think, in view of our own overwhelming and certain retaliatory capacity, that it would be unprofitable for them to strike first, we are renouncing any policy based on the U.S. not hitting first.

If the Soviet Union were to announce that it would not consider itself bound by a no-first-strike pledge, we would probably feel we had no choice except to hit first ourselves, whatever the risk or consequences. As Aristotle wrote in his essay on logic, do not expect the next person to be influenced by an argument you would reject yourself.

If the defense of the American people is tied to psychological strategies, then the least we should do is bring in professional psychologists instead of committing the national future to men who talk and act like hunch players. It is possible that professional psychologists would find our most effective policy approach to be based on common dangers and common needs rather than on castigation and ultimatum. The only thing we know for certain about the Russians is what the American and Russian peoples have most in common: they will be governed by their self-interest.

The overriding issue confronting both peoples is the need to avoid a mutual nuclear convulsion. Good sense should tell us that this common danger will be reduced only by moving resolutely toward three objectives: control and elimination of the weapons on an assured basis; control of tensions that could set the stage for their use; and creation of world institutions that can define the obligations of nations to one another, and can create the legal mechanisms for dealing with basic causes of war.

The question is not whether the Russians will accept. The question is whether we will propose. The advocacy of ideas that serve the human condition may be the only true source of our own security. For what we should seek is not just the concurrence of the Soviet Union, but a consensus in the world, based on a plan for making our planet safe and fit for human habitation. We can't expect to dispose of armaments until we have such a plan. It must seek the end of world anarchy and the step-by-step development of instruments of law.

I wish it were possible to say that you are embarking on a career in health care at a time when the world itself is not desperately ill, and that your only concern need be to make full use of your knowledge and special skills in attending to individual needs.

Physicians are taught to see things as they are. What is to be seen today is that, for all our gloss and feathers and fancy dress, we are living in a primitive period, in which tribalism assigns to itself not just ultimate power but ultimate value. We will continue to be the instruments and victims of that tribalism until enough people decide they do not wish to acquiesce in their own extermination.

Civilizations, as a wide range of thinkers from Aristotle and Maimonides to Erasmus and William James have reminded us, can develop not just aberrations and follies but distempers and disease. They can also turn on themselves. Some people, no doubt, prefer to think the malaise is self-limiting and that all that is required is a tincture of time. But today's sickness calls for prompt, systematic, and far-reaching treatment.

We cannot expect leaders of governments to supply the therapy. They represent the unfettered nationalism that itself is a large part of the problem. The answer, if there is an answer, has to come from people. The encouraging evidence of the past two years is of a great response in the making, an awakening of concern and conscience. People are daring to believe that this planet and everything in it can be made to serve the purposes of human life. The Pastoral Letter of the Catholic Bishops and the responses of other religious leaders call attention to issues that transcend the fulminations and posturings of those caught up in power politics.

The activities of the Physicians for Social Responsibility—in which this school, in particular Bernard Lown, has had a leadership role—are evidence that human beings can take pride in accepting obligations to the future occupants of this planet. What Dr. Lown and his colleagues have assigned to themselves is nothing less than history's greatest venture in preventive medicine. They seek to avert an unprecedented ordeal in illness and misery. They want to begin by restoring sanity to governments.

The language of power, especially nuclear power, is no longer consonant with the meaning of freedom. The only thing that stands against mobilized madness is the free mind. In the end, our freedom and safety require that we explore, as Madison and Hamilton were able to explore, the principles that make governance and peace possible among large collective units.

The health and well-being not just of Americans but of the human race are incompatible with war and preparations for war. The conquest of war and pursuit of social justice, therefore, must become our grand preoccupation and magnificent obsession. □

Medical Optimism and Social Commitment

by Bernard Lown

YOU ARE NOW ENTERING A PROfession noble in tradition, but as profoundly burdened with problems as the society from which it stems. The view that ours is a universally honored calling is negated from almost every angle of observation, be it acute or obtuse. We face an onslaught of criticism by articulate critics, knowledgeable consumer groups, and ubiquitous malpractice litigators. Indeed, many patients deem their physicians indifferent technicians rather than compassionate professionals.

Bernard Lown is professor of cardiology and director of the Cardiovascular Research Lab at Harvard School of Public Health. He is also president of International Physicians for the Prevention of Nuclear War and recipient of the first Cardinal Medeiros Peace Medallion.

Denigrating doctors is a pastime with ancient roots. Ecclesiastes intoned 2,500 years ago, "He that sinneth before his maker, let him fall into the hands of a physician." Two thousand years later, Jonathan Swift held that "Apollo was the God of physic and the sender of disease. Both were originally the same trade and still continue."

Swift's 17th-century contemporary, the great physician Thomas Sydenham, mused that "the arrival of a clown exercises more beneficial influence upon the health of a town than 20 asses laden with drugs." I need not list the caricatures of physician greed, pretensions, and ineptitude by Aristophanes, Molière, Daumier, Shaw, and many others.

Before the turn of the century, the criticism certainly was not undeserved. Medicine then was characterized by diagnostic impotence, and was surfeited by misinformation; therapy was guided by eclecticism and frequently was sheer mayhem. A satiric journal at the turn of the century counseled practitioners:

> Diagnose for the rich neurasthenia, brainstorm, gout and appendicitis; for the poor insanity, delirium tremens, rheumatism and gall stones ... fatten the thin, thin the fat; stimulate the depressed, depress the stimulated; cure the sick, sicken the cured; but above all, keep them all alive or you won't get your money.

In this day and age, disenchantment with medicine seems ill-founded, for never before has there been such sound scientific underpinning to diagnosis and therapy. Yet the growing adversarial climate between patient and physician in the past few years is manifest in the emergence of health advocates and patient ombudsmen who now work full-time in one of every five hospitals. Ironically, the tarnished image of doctors has not impeded the flow of ever larger numbers seeking medical care at ever earlier stages of their disease, with ever fewer and more trivial symptoms.

For one of my age, this contradiction is a source of puzzlement. My life has touched the so-called Golden Age of American medicine. During the first half of the 20th century, our profession enjoyed prestige and affection unequaled in any prior period of history. Public opinion polls from 1930 to 1950 consistently placed physicians at the top of the list of admired individuals.

What then are the explanations for this contradiction? Certainly such a complex social phenomenon is multifactorial. I would like to focus on two aspects that have received less attention than some—such as reimbursement practices, burgeoning medical technology, and curricula—but are of no less import. I do so keeping in mind Einstein's admonition that explanations should be as simple as possible and no simpler.

The doctor-patient relationship is ailing. The stethoscope, a symbol of close and direct contact, is being abandoned. History taking is delegated or automated. The physical exam is growing ever more cursory. A skewed cybernetic ensues, wherein inadequacy in bedside skills increases resort to technical solutions. The accent shifts from involvement to indifference; instead of considering the whole person, we focus on our specialties.

The growing emphasis by physicians on process rather than person is a source of irritation with our profession and a significant cause of malpractice suits. Dissatisfaction with a lack of compassion and human warmth is a major factor for doctor shopping among high- as well as low-income families.

We deal increasingly with chronic illness lacking a cure and with the

Caring is dispensed largely through words; talk is one of the underrated tools in the physician's armamentarium.

multiple afflictions which accompany aging. The healing process not only involves dispensing appropriate drugs and procedures but requires mobilizing positive expectations and stimulating faith in the physician's ministrations within an emotionally supportive relationship. Numerous studies document that the caring aspect matters more to the patient than physician credentials. They are, however, by no means mutually exclusive. Caring without competence edges on charlatanism, while competence without caring is mindless technocracy.

A deeper reality must also be considered. So-called medical facts are biologic approximations; outcome data and prognosis are statistical and their application to the individual patient invariably requires a choice among diverse management options. As Schoolman aptly puts it, the indispensable role of physicians as decision makers when confronting uncertainty stems from their role as patient advocates. But advocacy requires caring. Only then can the physician somehow surmount the agony and absurdity of human decision.

Caring is dispensed largely through words. Talk can be therapeutic. It is one of the underrated tools in the physician's armamentarium. Therapeutic talk is a great art which dissipates uncertainty and anxiety, instills confidence, augments a capacity to persevere. It enhances both physical and emotional recovery.

Eugene Stead, former chairman of the Department of Medicine at Duke University, recently reflected, "I have observed that the doctors who are primarily interested in the disease eventually become bored with the practice of medicine.... The physician who does not sell his birthright to technology and lives in the excitement of the day will never find practice dull." Stead is on target. Intellectual excitement for the doctor derives largely from dealing with people, not with pathology. The physician is the spectator of a panorama of human character, motives, and actions richer in the weave of its tapestry than that found in the plays of Shakespeare or the novels of Tolstoy.

I urge you therefore to refuse to accept in medicine the merely adequate when the extraordinary is so close at hand.

My second motif is that physicians, both to be personally fulfilled and to fulfill their medical mission, must be socially committed. It is worth recalling that the first fissure in medical image during the so-called medical Golden Age resulted from the indifference of organized medicine to the plight of millions bereft of health care.

Today not only our nation, but our world, confronts a crisis of unprecedented magnitude and danger. The possibility of nuclear war haunts our age. An issue of such cosmic dimension is difficult to examine steadily and objectively. It is natural and even healthy to get on with the chores of our individual lives rather than to focus on the mortal danger. Many have argued that this is an issue outside of the province of physicians.

Does medical ethics stop with debates over abortion or how long to sustain life of the terminally ill? Does preventive medicine stop with declaiming the hazards of tobacco? Can we limit medical concern to lead paint on our walls, asbestos in our insulation, or toxic chemicals in our dumps? Is our social involvement to be preoccupied with seat belts and ignore the most critical fact of our time? This brutal fact can be simply stated: if the superpowers continue in their present course, none of you, none of us, will see the year 2000, a mere 17 years away.

I do not believe physicians can acquiesce to the continued stockpiling of weapons of mass extermination as guarantors of national security. The fact that nuclear war has not yet happened is largely irrelevant, for it only has to happen once. We must speak out against the search for peace through overt flirtation with the death of millions. The horror is obscured by its magnitude, by the sophisticated technology ever readied to accomplish the slaughter, and by the aseptic Orwellian language crafted to describe the attack—"delivery vehicles" produce an "exchange" in which the death of untold millions is called "collateral damage."

Our society is afflicted with moral lassitude and resignation. The idea of pointing nuclear missiles at entire nations is without precedent in moral depravity. We think of nuclear war as war, but with magnified consequences. But "nuclear war" is a term of deception. It is not war, but an act of mindless suicidal genocide.

We physicians can promote as worldwide a sense of social revulsion against nuclear weapons as now exists against bacteriologic warfare. Norman Cousins, like an Old Testament prophet, has spoken out for nearly four decades on this. He writes, "If physicians are to regard themselves as a vital part of a life-sustaining process and not as mechanical attendants on an assembly belt of human breakdown, can they avoid moral decisions with implications for the health of the total community?"

Nuclear war can be prevented; I am optimistic that an aroused citizenry can pull us away from the precipice. Many years hence, when reason and sanity have returned, the role physicians are now playing will be consid-

I urge you to refuse to accept in medicine the merely adequate when the extraordinary is so close at hand.

ered their greatest historic and social contribution. You can take pride in the fact that a number of the unsung heroes and heroines of the physician movement are members of this graduating class.

Let me consider one final issue. It is now modish and chic to indulge in pessimism, thereby pretending philosophic depth; existence is deemed the indifferent molecular unwinding of a dismal biologic clock. There is little intellectual depth to pessimism. It contributes to degradations of the quality of life, and jeopardizes the tomorrows yet to come.

Thomas Mann counseled that we must behave as though the world was created for human beings. Optimism, although a subjective emotion, becomes an objective factor essential in unleashing the energy for shaping historic events. Ethical considerations compel optimism as a Kantian moral imperative. For the physician whose role is to affirm life, optimism is a medical imperative as well. Even when the outlook is doubtful, an affirmative attitude promotes well being if not always recovery.

The image of medicine can be redeemed by you as you sit by the bedside and suffer along with your patient. When you take a history with compassion, and focus not on the papillary muscle, but on the frightened human being reaching out to you for support, that image will be redeemed by you as you involve yourself in the greatest challenge ever confronted by humankind.

I know of your good sense. I have marvelled at your enormous scientific knowledge. I have faith in your courage. I am certain that we shall prevail and thereby deserve that proud name "human being." In the process we shall restore nobility and morality to our profession as well. □

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Medical Student

When you arrived, your eyes still had
the wonder of discovery,
your talk of Beowulf and medieval art
was heady,
you soared on thermals of new knowledge:
unclocked time spent in the Widener
stacks,
dusty fingers walking through the ages
of man,
your joy that of the four-year-old over a
new red truck.
Those of us that can, should stay in
those high places.
You couldn't. You came and landed hard.
"My wings are clipped," you cried, "and
I am bleeding.
This place is without soul, purgatory,
where is the sun?"
"My child be still," I said.
"The same who cling to earth here with
clenched toes,
have sung the songs, have dipped their
hands in colors,
marveled at a puzzle in the sky.
Come let us sit and listen to their souls,
which in these sick rooms moan so quietly,
you might have missed their presence."

—*Susanne J. Learmonth '52*

Alumni Day

The 200th year of Harvard Medical School drew to a close in Alumni Week '83 not only with celebration and ceremony, but also with careful reflection on the present and future of medicine and the school. In the celebratory vein, there were a second splendid HMS Night at the Pops, a Class Day filled with moments of high emotion (see page 12), reunions that included the classes of three of the school's deans, and the closing of the Bicentennial on Alumni Day.

In addition to the traditional scientific symposia, the school sponsored a special symposium on the future of medical education, moderated by Dean Tosteson. The participants were John Cooper, M.D., president of the Association of American Medical Colleges; Walter Rosenblith of MIT; and David Rogers, M.D., president of the Robert Wood Johnson Foundation. They spoke of the need for openness to change, the difficulties that lie ahead for academic medical centers as a result of such factors as the potential physician surplus and the shrinking health dollar, and they stressed the need for medical schools to devote attention to their "only unique social role," that of training physicians.

The symposium coincided with the announcement that the Faculty of Medicine had approved the introduction of an alternative path to the M.D. degree at HMS for 25 of the 165 students in each class, to be known as the Oliver Wendell Holmes Society. Dean Tosteson remarked on Alumni Day, "I hope that this new pathway will provide a context within which some members of the faculty can rethink what it means to be a physician in our third century—in particular, to be clearer among ourselves about the attitudes, skills, and knowledge we think all physicians should share." The first group of 25 will be admitted to a five-year program, beginning September 1985, that will include the first postgraduate year.

On Alumni Day Dan Federman spoke briefly about the students, faculty, and curriculum of today, organizing his remarks in answer to questions he had been asked during his travels to Bicentennial celebrations around the country. (See Pulse for more on the

Alumni Week photos by Jerry Berndt

regional celebrations.) His portrait of HMS present follows.

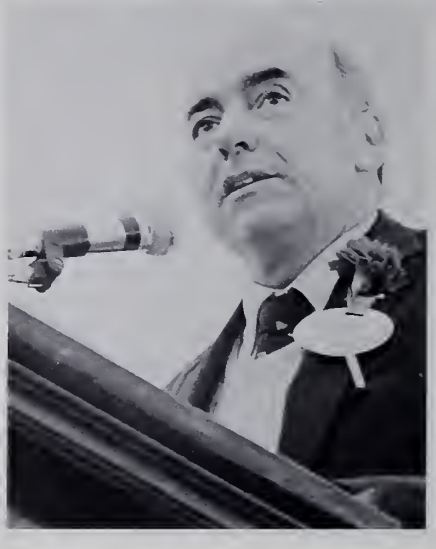
In closing the Bicentennial, Dean Tosteson said of the past year, "It's been a grand party, from the splendid display of fireworks a year ago, to a convocation last fall that brought together distinguished scholars from throughout the world, through the many gatherings around the country, to the reports of the proceedings in the *Bulletin*. I consider it a great privilege to have been here watching it all."

Looking ahead to the school's third century, Tosteson noted, "Harvard Medical School continues to draw individuals of outstanding talent. These individuals will create here and throughout the world the medicine of the future, a medicine of such power and subtlety that it's difficult for us to imagine." □

HMS at 201

Update from the Dean for Students and Alumni

by Daniel D. Federman '53



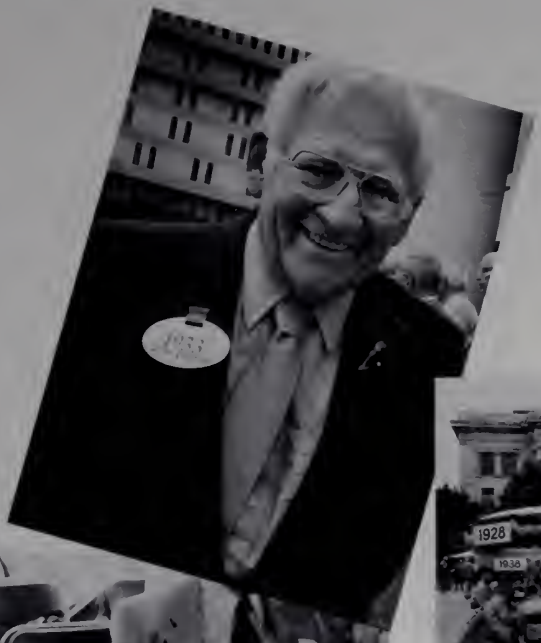
IN EACH OF THE 12 CITIES I VISITED in the regional celebrations of our Bicentennial (see Pulse), alumni asked me to bring them up to date on the changes that have taken place at HMS. From your perspective right now—sitting in this quadrangle, in front of Building A—you don't see much that has changed since the dedication in 1906. If you went to other parts of this school, however, you would see enormous differences, and I would like to outline those differences for you.

To begin with, the hospitals are very different. To the regret of all of us, we're no longer directly connected with Boston City—but we have additional relationships with the Cambridge, Mt. Auburn, Deaconess, and other hospitals, which play an increasing role in the teaching programs of the school. And all of the hospitals have changed physically. In addition to more beds and buildings, there are neighborhood health centers in Revere, Chelsea, Roxbury, and Dorchester, connected with the school and its hospitals for various purposes.

The bigger changes, though, are in the students, faculty, and curriculum. First, there are more students than there used to be. For over 70 years, as you'll remember, we took 125 students into the entering class and added third-year transfer students from Dartmouth, North Dakota, or one of the other two-year schools. Now 165 students enter, and there are almost no transfer students. There are very few two-year schools left, and the first-year class just about uses up our teaching capacity.

Second, the class is extremely diverse. Thirty-three percent of the students are women. Of the group offered places for this coming September, 38 percent were women. The age range is very much more diverse than before. There's a growing number of students who either didn't take premedical courses in college and need to do so after they've graduated, or who wanted to do something else for awhile. Our school has one of the oldest average entering ages of any of the medical schools in the country.

There are now more minority students in the school. Since the early '70s, when the affirmative action program was introduced, the number of minority students admitted has risen to about 19 percent. (Incidentally, the federal government has anomalous ways of recording minority status, including only blacks, Mexican-Americans, mainland Puerto Ricans, and native Americans at the student level, but adding Orientals to the list at the faculty level.) Harvard has had perhaps the most productive affirmative action



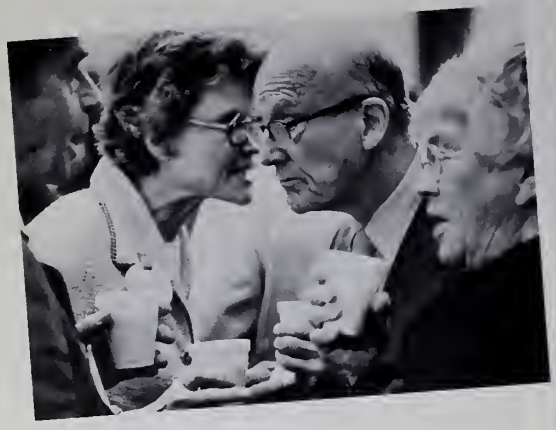
program of any medical school in the private sector. Stanford and Harvard have about the same percentage of minority students admitted, but we have twice the total number of students. Thus this ancient, ivy-encrusted, traditional, conservative school has graduated more minority physicians than any other private medical school in the country, with the exception of those that are primarily minority identified.

The interests, backgrounds, and goals of the students are also extraordinarily varied; this was always true. What's new here are their many different programs as medical students. We're now in the 11th year of our joint Health Sciences and Technology Program with MIT, in which 25 students per class are enrolled. The program is enriched in its quantitative emphasis, in the more advanced science training of many of the students, in an emphasis on research as part of their training, and in the requirement for a thesis. A second new program, about 10 years old, is the M.D.-Ph.D. Program. Up to 10 students in each class leave their M.D. studies for a period of graduate study. They may do it at MIT, at Harvard College, or here at the quadrangle. They come back into their clinical studies after completing their research.

We have students at the Kennedy School of Government and at the Harvard School of Public Health. Just this year we've started an M.D.-Ph.D. program with the departments of Sociology and Anthropology at Harvard College, reflecting a growing awareness through our Department of Social Medicine and Health Policy that other insights into medicine are going to be important in the future. Finally, about 10 to 12 percent of the class takes some time out for research before completing clinical studies.

At the faculty level you'd be most impressed with the size and enormous dispersion of interests now required to mount what we consider an adequate educational program. There are over 1,600 individuals on salary at the hospitals and the medical school on the so-called full-time faculty of the medical school. In addition, there are almost that many people contributing teaching time who are in practice in this area, or at the hospitals themselves. Within the resources of the faculty a student can pursue just about any medical or scientific interest—all the way from primary care and outreach programs in neighborhood health centers to the most sophisticated kind of research in genetic recombination.

We tell the students when they arrive here that they're joining a community of over 3,000 faculty; 1,000



medical, dental, and graduate students; and another 1,600 people in internship, residency, and fellowship.

The disadvantage of the virtually unlimited opportunity here lies in its very magnitude. There is a diminished chance of relating to the senior faculty on the one-to-one level that we all valued so much. Everybody's busier, and more spread out. In the recent past we've tried to reverse these trends, and in the next few years we'll be making further moves to improve student-faculty interactions.

What about the curriculum? The dominant change in the underpinnings of medicine over the last quarter century has been the expansion of basic science. The irony of modern medical education—and it's not unique to Harvard—is that there has been no expansion in the time dedicated to true basic science. Many students have better science backgrounds from college than was true in the past; nevertheless, we're wondering now if we don't need more time in basic science. Courses that most of you took in the second year, such as pharmacology and pathology, are now part of the first-year curriculum, along with other basic science. The second year is principally pathophysiology, integrating clinical and basic science, and organized by organ system and disease, such as cardiology, endocrinology, and hematology. Much of the teaching is done in small groups.

Patient care, the introduction to clinical medicine, occurs in the second half of the second year. After that, there is a considerable dispersion as the teaching is exported from the quadrangle to the hospitals, to senior faculty skilled in both basic science and clinical work, and to the house staff. We no longer have lectures at the medical school in medicine and surgery as we used to.

The fourth year is largely elective. We, and others looking at modern medical education, suspect that the last year has probably become a little loose, what with the floating nature of the electives and the students' sense that they've been exhausted by the first three years and want a little time to recoup.

In closing, let's look back briefly. The school started 200 years ago as three lecturers sponsored by the President and Fellows of Harvard College sold their lectures to anyone who could pay for them. The first reference to medical education at Harvard records the need to find the means to establish a school.

Ninety years later President Eliot introduced the emphasis on pre-medical education, a curriculum, progressive accomplishment from one year to the next, and written examinations. The immediate response was a decrease in enrollment, and for a few years the school shrank, but it has grown and developed ever since.

The students and faculty now at HMS believe they are on the threshold of a new era in Harvard Medical School's history. In my few moments with you, I've tried to give you a glimpse of what it looks like now. □

ILLUSTRATION BY KAREN WATSON

The Road Less Traveled By: Has It Made a Difference?

Dedicated to the memory of Robert Ely, 1953-1982

by Stanley P. Bohrer

IT'S ALWAYS A TREAT TO COME back to Boston in the springtime—although just three months ago I was in the beautiful western highlands of Guatemala examining radiology residents for Project HOPE, and just six weeks ago I was in the Caribbean teaching radiology to doctors from half a dozen nearby island nations, as well as Panama, El Salvador, and other Latin American countries. It's nice work when you can get it.

When I returned to the States, I was delighted to find Perry Culver's letter inviting me to speak to you today. It seems that every year or two at these Alumni Day gatherings, some wayward traveler is invited to share his experiences with you. I'm not sure if this is to purge the soul of the traveler or to provide a vicarious experience for the listeners. I shall try to do some of each today.

It's also in vogue for professional journals to publish accounts of third-world medical adventures, usually those of students. The *British Medical Journal* explained in a recent editorial that in such accounts it looks for "rather brightly written articles that convey their [the foreign countries'] flavour and also fascinate, entertain and amuse."

As many of you know, our *Alumni Bulletin* also prints such articles. One recent title was "Discovering the Heart of Medicine in an African Jungle." Another, in last fall's issue, which especially caught my attention, compiled selected writings and photographs by a rather unusual and talented medical student who was not satisfied to live vicariously. Robert Ely '83, as a third-year student, died in an accident while working as an Albert Schweitzer Fellow in Gabon, Africa.

I would like to dedicate this talk to Robert Ely, even though I never met him, as I share many of his perceptive thoughts and feelings about the developing nations. He fairly well summarized my reasons for first going to Africa in 1964 when he wrote of his upcoming medical training in Gabon, "On balance, I cannot say whether I would like to do such work, but I firmly believe that the best way to decide is to see firsthand the realities of the needs and get a taste of what may be done to satisfy them." Now, 25 years after leaving this quadrangle, I believe

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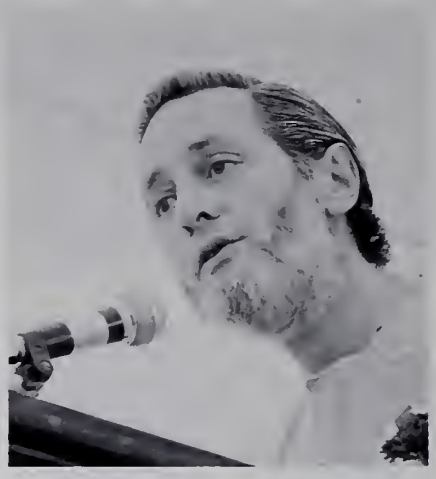
it's time to assess the road I chose. As Socrates said, "the unexamined life is not worth living."

After four years in post-graduate training on Fruit Street, I headed overseas to spend 13 years at the University of Ibadan in Nigeria. This was before Akeem "the dream" Olajuwon made Nigeria a household word. In 1977, I returned to the States, and one year later I joined Project HOPE and worked in several Latin American countries for almost three years. In all of these overseas posts I was involved in medical education and developing resident training programs.

Speaking from this very podium at Alumni Day in 1975, I took my theme from another Harvard student, Robert Frost, to try to explain why I chose the road less traveled by, and why I continued on that road. Today, I would like to try answering another question, one implied in the final line of Robert Frost's poem "The Road Not Taken": "Two roads diverged in a wood, and I—/I took the one less traveled by, /And that has made all the difference." Has it "made all the difference"? Has my choice really made any difference to anyone?

First, has it made any difference to *them*, to those in the countries where I was working? One always envisions having had a personal influence on one's students, a mystical transference of certain intangible qualities, such as ways of thinking and approaching problems, and concern for the patient and medical ethics. Such influences are difficult if not impossible to measure, but quantifiable evidence is expected around this quadrangle.

When I arrived in Nigeria, there were eight or nine radiologists for 65 million people, and there was no formal radiology training program in the country. When I left, there were about



30 radiologists, and an active residency program at my university. That program is still functioning, and some of my students are now teaching a new generation of residents. Today there are over 50 radiologists in Nigeria, 32 of them practicing in academic centers.

The ancient and well-worn Chinese proverb commonly heard among international health educators, "If you want to feed a man for a day, give him bread; if you want to feed him for a year, sow a crop for him; if you want to feed him for a lifetime, teach him to farm," is certainly valid. We might add: if you want to feed his extended family and future generations, teach him to teach farming.

Again, Robert Ely summarized my own feelings when he wrote, "the opportunity of accomplishing something of great importance to many people is significantly greater [in the third world]."

In Guatemala, I was working with Project HOPE, also called the People-to-People Health Foundation. The philosophy underlying HOPE's international programs is to train local people, known as counterparts. The training includes teaching the counterparts to teach others so the educational process perpetuates itself after the HOPE personnel depart. In 1977, Project HOPE began the first organized radiology training program in Guatemala, specifically to train residents who would practice outside the capital city, and also began the first and still only X-ray technologist training program in Guatemala. I spent several years with these programs in Quezaltenango, a lovely, small Mayan town at 8,000 feet in the western highlands.

The purpose of my recent visit to Guatemala was to examine the first three graduates of this residency program. All HOPE personnel in this program had been gone for one to two years. The program continues, alive and well. Two of the counterparts are practicing in small towns that previously had no radiologist. The third is teaching the next class of residents in Quezaltenango.

The technologists' school has over 50 graduates, all employed, and its fifth class will finish later this year. With this success, the school has been enthusiastically adopted by the government and is now known as the National School of Technology in Diagnostic Radiology. There were over 150 applicants for the 12 places in the next class.

Yes, I do believe that the programs with which I was involved, in Africa and in Latin America, have made a difference, to at least some counterparts, students, and patients in the third world. I hope the effects will continue to be compounded.

You might ask, so what good are 25 or 30 radiologists in a country of perhaps 80 million people—or even three radiologists in Guatemala, with six or seven million people? The Massachusetts General Hospital alone probably

has that many radiologists. In answer I will invoke another ancient Chinese proverb, attributed to Confucius: "A thousand-mile journey must start with a single step."

Today, as we celebrate the 200th anniversary of *the* Medical School, it is appropriate to remember that even the MGH had to take first steps in radiology. Those were in 1902, when Walter James Dodd, the MGH photographer, began taking and looking at X-rays, and, shortly thereafter, when George Winslow Holmes began training MGH residents, and wrote the first edition of his book on Roentgen Diagnosis in 1919. I am glad to have aided other nations in taking their first steps.

Now to a more personal part of the question: what difference has my journey down the road less traveled by made to *me*? Where has it led me? In 1975 I said it was not what might be at the *end* of the road that attracted me to continue working in developing countries. Rather, it was the road itself, the experiences along the way, that provided my continual reward.

Those experiences have had a profound effect on my way of life and on my personal philosophy. It is difficult to recall my notions of Africa 25 years ago when I had not been west of the Mississippi or east of Maine. Most likely they were storybook visions from Hemingway, Schweitzer, even Tarzan, and, yes, a few blurry images from Dr. Weller's tropical disease course. I had even fewer ideas about our neighbors in Latin America.

I certainly never imagined the constant stimulation I would experience from working and living in cultures completely different from my own: the Yoruba, the Hausa, and others in Nigeria, and the Mayan in Guatemala.

I learned about the power of *juju* medicine in Africa and the *evil eye* among the Indians. I ate new foods and learned to dance to different music. Towns whose names I couldn't even pronounce eventually became home to me: the bustling native markets in Nahualá, Maiduguri, and Chichicastenango; the beauty and serenity of Lake Atitlan and Panahachel; and visits to small hospitals in Ogbomosho, Abeokuta, and Coatepeque. Native arts and crafts—the powerful and prolific carvings of the Yoruba and the intricate and colorful weaving of the Mayans—have never ceased to amaze me.

What good are 25 or 30 radiologists in a country of perhaps 80 million people? A Chinese proverb says: "A thousand-mile journey must start with a single step."

It is these very personal experiences which now mold my thoughts about Africa and Latin America. Memories of people—of specific individuals, of friends—are a clear part of my present images. Thoreau's description of the alternate pathway *he* chose aptly summarizes my own journey: "I had this advantage, at least, in my mode of life ... that my life itself was become my amusement and never ceased to be novel. It was a drama of many scenes and without end."

I would like to share with you one further thought of Robert Ely's. He wrote, "I am sure that we have a great deal to learn about life from other cultures." He was so right. At the Schweitzer Hospital itself he could learn about a successful hospice type of care that has been in existence there for over 50 years. He could learn about dignity in dying and the importance of the extended family in times of sorrow and in times of joy.

Let me summarize my answer to that question implied by Frost: has my work in developing countries made a difference? To others: I would like to believe so. To myself: most assuredly and unequivocally, yes. A Nigerian proverb nicely sums up the concept of mutual influences: "When the right hand washes the left, the right hand also is cleansed."

The influence still lives within me. My dreams are frequently set in third-world countries. My re-entry crisis isn't over yet. I still love to bargain, not only when I buy a car, but also when I go into small shops; I'm afraid it's in my blood.

I still cannot accept our disposable, throw-away society. In the third world, every bottle or jar—or just a piece of wire, or scrap of wood—has a market for resale and reuse. We may be learning: a recent book suggests the beginning of a revolution against the throw-away ethic in our society. Have you seen *101 Uses for a Dead Cat*?

As for my dress today, which has been referred to as a glorified sweatshirt, or dressy pajamas, I recently heard on a radio talk show that men, even more than women, tend to make a statement about themselves with their clothes. Today, let mine say loud and clear that the road I took *has* made a difference to me.

Rudyard Kipling summed it up nicely: "I have paid my price to live with myself on the terms I willed." I have no regrets. □

An Indian Experience

by John Porvaznik

SOME 21 YEARS AGO, A YOUNG surgeon, with his wife and two children, left the shadows of the towering, colorful stone formations called Phillips House, Baker Building, White Building, only to find himself working in the shadows of much older, towering, colorful stone formations called Spider Rock, Elephant Butte, Red Mesa. He left the setting of historic and respected medical traditions of such figures as Bowditch, Bigelow, and the Warrens, to join a six-year-old organization called the Indian Health Service, and to work among a population whose medical greats were Navajo medicine men with names such as Hosteen Clah, Manygoats, and Hoskinini-Begay.

Life in this old southwest desert was as exciting as it was strange. The newcomer walked next to footprints of dinosaurs, visited ruins of ancient Indian cultures, attended timeless religious/medical ceremonies: the Zuni Shalako, the Hopi Kachina, the Navajo Mountain Chant. What was intended as a brief interlude in Indian country turned into an extended stay, an opportunity to observe and participate in a way of life that has brought this surgeon challenge, frustration, and satisfaction.

In the early days of this new Indian Health Service, an offspring of the United States Public Health Service, I focused my efforts on the frustrating tasks of finding veins for IVs, locating more croupe tents, and, only too often, trying to get permission for an autopsy. The children's wards overflowed with infants afflicted by pneumonia, dehydration from gastroenteritis, malnutrition.

As a young surgeon, I had little knowledge of the world of epidemiology, and little awareness that the infant mortality rate of this group was more than twice the national average. Fatigue and a sense of defeat pervaded—from losing the Yazzie baby the previous night, or from hearing that the infant we'd worked on so long and hard last month was brought in dead on arrival this morning.

Perhaps my greatest frustration came from the injury to my personal pride as patients clearly and acutely needing my surgical skills opted to leave the hospital to seek the services of the medicine man. Did they not realize I was a Harvard-Mass General man, technically trained by the precepts of Churchill, brought up on the electrolyte and metabolic wisdom of Francis Moore? No, they did not. A new, young (and alien) doctor could not hope to compete with the respected medicine man, who, as described by Clyde Kluckhohn, personified venerable age, wisdom, tradition, and protection from capricious spirits and dangerous elements.

Many factors have been responsible for the Indian's increasing trust and confidence in our system of medicine. For me the turning point came one night when an elderly medicine man came in with painfully acute bladder obstruction. The relief I was able to provide through the MGH-

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ILLUSTRATION BY KAREN WATSON

taught suprapubic prostatectomy earned me not only his gratitude, but an increasing number of referrals.

I found myself being given the opportunity to do the acute surgery first, which provided the immediate symptomatic relief. I then re-referred the patient to the medicine man for the definitive curing Navajo ceremonial to exorcise the root cause of the problem, whether it be from lightning, breaking taboos, or witchcraft.

Over the years, I began to see more children surviving, getting better faster, and returning sick less frequently. Initially I prided myself on better balancing the electrolytes, or changing antibiotics at just the right moment. Only a bit later did I realize that the higher survival rates were much more related to the building of graded roads to isolated communities, the development of safe water systems, and the construction of modern housing.

We take pride in the modern water supply and sanitation facilities now serving 60 percent of the homes—though I fully realize that the newly arriving Harvard physician will decry the unacceptable fact that 40 percent of the homes are still without these necessities.

So what is the state of health of the Navajo today? Since 1960 the infant mortality rate has dropped from twice the national average to just about even with it. Many of the old killers have been conquered, or at least controlled: tuberculosis, for instance, has decreased 80 percent from its 1960 incidence of roughly 10 times the national average—and other infectious diseases have followed suit.

Prompt treatment of acute or urgent conditions has greatly improved with more efficient access to the hospital. In the past many of the complications in emergency care—such as

the four-day-old ruptured appendix—were due to delay, either in seeking help or in being able to get to us. Today, the blessing of paved roads and the greater availability of pickup trucks has reduced such complications, but has brought a new kind of emergency.

In earlier years we most commonly saw such acute cases as the 80-year-old woman who fell off her horse while herding sheep, fracturing her hip—or, more tragically, the young girl in traditional flowing Navajo dress who fell into the open fire in the center of the hogan. Now we have a death rate from highway accidents six times the national average. The majority of such accidents are due to alcoholism; indeed, alcoholism, with all its physical and psychological ramifications, now heads the Indian problem list.

With the Navajo's increasing life span (still seven years below the national average), the chronic diseases are coming to the fore: heart disease, the complications of diabetes, end-stage renal disease. And there's the problem of finding a way or a place to care for the elderly. Like American medicine in general, the Indian Health Service is faced with the medical price index and locating the financial resources to maintain existing health programs.

Among the important signs of progress is the Indian people's increasing leadership of their health program. From the growing involvement of tribal governments, to community Indian health advisory boards, to those who directly provide the health services, they are moving away from the position of being wards in a trusteeship system.

The Indians on our nursing staff once were nurses' aides or practical nurses trained in our own school of practical nursing; today Navajo nurses with R.N.s, bachelors, and masters degrees are our directors of nursing, head nurses, and nurse educators. Twenty years ago there were no Indian M.D.s on the Navajo reservation; today about eight percent of our 210 physicians are Indian, with many more in premed., medical, or residency programs. This drive toward self-determination is fostered not only by Indian politics and nationalism, but by incentives of education and professional achievement.

This, then, has been my personal Indian experience. Henry Adams noted that all life is a search for an education. What has this surgeon learned? A great admiration and respect for a people who have preserved their beauty and dignity in spite of a harsh and hazardous environment; whose ways have survived, and who continue to struggle to preserve their culture though surrounded by the often radically different goals, methods, and time scale of an aggressive dominant culture; and who have risen through their own individual, tribal, and political action from subservience and dependence to a place of power and influence in the modern world. □

Love Sickness

by Howard Corwin

TODAY WE ARE CELEBRATING the 25th anniversary of the graduation of the Class of 1958, coincident with the 200th anniversary of Harvard Medical School. We note the impressive medical advances made in these 25 years, and in which this class has distinguished itself—but how have we fared in terms of the human condition, and man's love?

What is this thing called love sickness? Well, who in this audience does not know of it? Who does not have a private definition, or a remembrance of things past, in a personal library of recollection? From the moonstruck preoccupation of the lovesick adolescent to the profound misery of the rejected lover, we see a whole gamut of symptomatology in this disorder.

Today I want to address the form of love sickness manifested by the affairs of marriage. Love has long been considered the legitimate province of the poet and philosopher; affairs, however, have always been considered a publicly forbidden subject. In fact, 25 years ago, for speaking like this, I might have been banned in Boston, but we have been through times relevant for the relations of men and women.

There have always been institutional obstacles to the development of love and marriage, among them the inequality of men and women. Fortunately, women's liberation is changing that. As we diminish such external obstacles, we confront the source of our greatest struggle and keenest conflict: narcissism, or man's inner nature. We have in fact come into the age of narcissism in these last 25 years.

Erik Erikson has outlined individual maturation in the course of the life cycle, in which a series of developmental challenges is undertaken and mastered. In order to know of love and its disorders, one must know something of the development of the forces of narcissism, passion, love, and creativity in the course of the life cycle. They are all related and all represented in the deepest constructive relationships of man, and, in their sublimation, are integral to the flowering of civilization.

Narcissus, you recall, rejected the love of the nymph Echo. His punishment was to pine away with desire for his own reflection in the water of a fountain. To see one's reflection in water was henceforth considered to symbolically presage death. Excessive narcissistic preoccupation always has this destructive component. But narcissism is self-love, and remnants of it are always present in life—a kind of well that can always be tapped. In many ways this is healthy and necessary, as in the maintenance of self-esteem.

All love has a narcissistic core, and an evolution. Healthy love of the self develops to love of others, or, through sublimations, to creativity—such as in art or science. Unfortunately, the beautiful concept of narcissism has been profaned in our times, translated into the idea of self-indulgence, and manifested in such phrases as "take care of

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ILLUSTRATION BY KAREN WATSON

number one" and "me first" so commonly heard in the 1970s. This I call self-service, not really self-love.

But let us go on to passion, for passion often serves narcissistic needs. Passion deals with intensity, and the satisfaction of that intensity is one of our core instinctual drives. The fulfillment of passion in man's life cycle is an endless quest. We are familiar with the passion for a lover. Passion can also be for art, sport, virtue, wisdom, knowledge, country, or God, to name a few. Those here may be familiar with a passion for medicine or research. We have passionate attachments and passionate attainments. My own perspective for studying the passions of men and women, my laboratory, has been the psychoanalytic investigation of the mind and emotions.

The love sickness I speak of comes from the failure of the elements of passion to transform into a mature love, that is, if love is ever mature. One of my critics has cautioned me in the use of the term "mature love," comparing such a love to a rose: once in full bloom it can only fade and die. So let us think of a maturing love as one always in the process of developing.

In our passion we idealize and idolize our lover, falling in love with our own projected narcissism. We see in the lover what we want to see. We enhance our lover because we ourselves are thereby enhanced. We see ourselves, like Narcissus, reflected in the deep pools in the eyes of our beloved.

Through history there have been many institutional obstacles to passion, including philosophical systems, theological restraints, social restrictions, and socio-economic barriers. In literature, particularly the great love stories and myths, passion thrives on the overcoming of obstacles. By and large, the more unattainable, the more impossible the dream, the more intense has been the passion: witness the great love myth of Tristan and Isolde.

In real life situations passion thrives on being forbidden, illicit, daring, and dangerous. It contains elements of the mysterious, the powerful, and the transcendental. Passion is by no means a rational force. Filled with intensity, it is completely consuming.

Based on fantasy and illusion, passion and falling in love are ephemeral, like all illusions. Does passion, though, like narcissism, have a development? I believe it does, and that in some ways, it can become a permanent feature of a maturing love relationship.

As passion is a servant of narcissism, so is love, although more complex, an heir to passion. The roots of love are laid down in early life and the maturation of it takes place throughout a lifetime. Love evolves from a context of parent-and-child relationships, and develops in a sequence of stages. Ultimately it seeks to merge both erotic and affectionate currents, making the experience rich.

Still, we know that love makes the world go round, and falling in love is probably our most wonderful, peak experience. Falling in love may be falling in love with make believe, but falling out of love is depressing. Yet the two go together and are almost inevitable, for it is easier to fall than to remain in love. Love sickness results from the vicissitudes of love and passion.

The young rarely distinguish passion from mature love. Marriage most often eventuates from acting on this misunderstanding. The HMS Class of 1958 was raised in an era that believed in the fairy tale ending "to marry and live happily ever after." We were in fact the historical recipients of the full flowering of the romantic love tradition, traceable in its roots to the courtly love tradition of the 12th-century troubadours of the courts of southern France.

I am not ready to surrender the fairy tale as an ideal. But consider the view of Zorba the Greek. When asked, "Are you married?" Zorba replies, "Am I not a man, and is not a man stupid. I am a man—so I married—wife, children, house, everything, the full catastrophe." In our culture, the full catastrophe is evidenced in either divorce, which occurs in greater than 50 percent of marriages, or quiet desperation, which occurs in a significant percentage of the remainder. Too few live out the fulfillment of the fairy tale.

Those who have married to preserve their passion within the romantic love tradition have found, all too often, that marriage is the death of the romance, the end of the passion. Marriage is created by passion, but endures by affection. When frustration develops in a love relationship, the individual is often driven back to a reinstatement of narcissistic, and often passionate erotic needs.

Such reversals in life are inevitable, part of the life cycle, in a prolonged relationship. They include complications of failure or success in work, relationships with children, economics, sickness, aging, and retirement.

Internally, there are neuroses and character disorders to contend with, which complicate how people will deal with ordinary life reversals. Very often, these reversals drive one from loving to being indifferent to or hating a formerly loved person. It is often in the course of marriage that man succumbs to his inner needs as narcissism, under these assaults, wins out over altruism.

We now know a great deal about how people love, and what they mean by being in love. People with different character structures mean different things by saying "I love you." The life cycle is punctuated by change and crisis, and we have a reasonably complete idea of what people expect in each successive stage. Marriage represents a developmental opportunity for achievement in the transformation from narcissistic and passionate love to the love for another person. The affairs of marriage and the love sickness that result are indicative of failure to develop the romantic love tradition and ideal into a living context. They are a substitute for the expected sequence from falling in love to a maturing love.

Affairs of the married can be seen as symptoms of a failure in the relationship at some point in time. Affairs can indicate that one spouse has grown beyond the other. Affairs may be regressive in trying to recreate lost or never attained happiness, or restitutive in trying to make up for promised entitlements which have not been forthcoming. Affairs can be seen as attempts to solve conflict through action, and at times have succeeded in facilitating a constructive development within the relationship. Not infrequently, they terminate a dying relationship.

Regardless of the cause, or of how understandable the affair may be, the resulting human misery is great. The most noble and caring of people can be betrayed by their deepest passions and caught in situations tragic for their own and their family's emotional health. Think for a moment of the love sickness and outcome of Tolstoy's *Anna Karenina*.

There is another path, however. For a marriage to be successful in the romantic love tradition, it has to go through two stages. The first includes falling in and out of love. The second is the maturing of love. In successful and enduring passionate marriages, the first experience is rekindled again and again over time and superimposed over the second. The initial falling in love experience is characterized by passion and has many narcissistic elements. Being so far removed from reality, it has been referred to as the benign psychosis of falling in love. In its acute form, it is a self-limiting disorder which terminates with the reality of finding that much of the relationship was based on the idealization of the spouse. This is when the falling out of love, with its painful disillusionment and sequellae, is bound to take place.

The second sequence of events depends on a healthy, realistic recovery from that disillusionment in a process of replacing primitive idealization of the partner with acceptance of the limitations of the partner. The closer the real partner comes to the ideal, the greater the possibility of a maturing love relationship. Under these circumstances I believe that passion, as opposed to lust, may continue to exist in a marriage. While falling in love can be like a lightning bolt in its intensity, the maturing love is more like a summer's long growing day as it warms in a more sustaining way.

Through most of recorded time marriage has been based more on functions of lineage and heritage than on love, only recently becoming more of an ideal experience and fairy tale. There has always been passion. There has always been love. There may or may not have always been romantic love, and this has been a longstanding academic dispute. But romantic love certainly has not always been coupled with marriage.

Historically, the institution of the mistress and the use of the double standard have been more prevalent than has the notion of the institution of marriage fulfilling all romantic needs. Yet something can be said for the transformation of narcissism into the kind of love that can eventuate in successful marriages. I believe that in the course of life there can be a healthy move from self-love to the love of another person, and that loving is itself a necessary and healthy experience. A maturing love relationship gives significant returns on the loving; the object of one's love loves back, and self-love is enhanced and reinforced by the love of the other. I believe that this experience comes about through the obligation of the marriage contract over a long period of time.

Perhaps marriage has always been a troubled institution, and we now see the dissolution of marriages simply because we have the means and absence of moral condemnation to allow it. Divorce may be better than keeping people in marriages which they do not want, but cannot escape. It is indeed very difficult for two people to become so well coordinated as to be able to share the development of their narcissism through a maturing mutual experience. Maybe the percentage of enduring happy marriages we now see is as good as it will ever be.

But maybe there are ways of improving the odds. There have been many attempts to alter or vary marriage in order to keep it alive. Ar-

rangements of different types have been proposed, most of which strike me as gimmicky. A chronic maintenance dosage of affairs has even been suggested. I think, however, that there may be ways to make marriage a more fulfilling experience.

The inequality of women has always given men the opportunity to mistreat women. Women's liberation is hopefully changing that. Women are now in a better position to grow and change within a relationship. I hope that woman power will be a more constructive force than man power has historically been in marriage. I believe that one of the ways that people develop lasting passion is for each spouse to find the other developing rather than stagnating, thereby creating constantly a rich shared history of the marriage. Open marriage is essentially founded on this premise.

Unfortunately, the founders of open marriage lasted only a few years when they took their own advice. But some of their ideas were good. For if each spouse can grow, and have a chance to demonstrate a greater degree of interest and creativity, he or she might find the life cycle more challenging, interesting, and exciting, thus combating boredom, the enemy of passion. Then there may be a greater chance to find love and passion within the same individual who is constantly the same, yet ever-changing. The passions can also move out of the realm of the purely sexual, to intellectual interests, creativity, and other sublimations. Most important here is the idea that *both* partners be able to grow.

I am left with many questions. I wonder if we have not asked too much of love and passion within marriage. We may have unfairly burdened the institution with an impossible dream. Are individuals reluctant to meet the requirements of passing time to develop as they age? And do they then, with earlier narcissistic expectations rekindled, turn against their closest and dearest spousal relationships? Should we not feel fortunate to be able to live, to love, to work, and to create, all within some limits? I do not believe we should expect love alone to serve as fulfillment of all our passions.

I close with a note on the special way a physician may deal with love and prevent love sickness. At this medical school, the triumvirate of teaching, research, and practice was held up before us 25 years ago as an ideal. Many of us had two lives. We retained our loves of people, and our marriages. But medicine became our other love.

It has been said that there is a wife and husband, and a master and a mistress. Our field has in fact afforded us a unique sublimation, a second area of passion, and we are fortunate to have such a rich other love. I know that as I look back, I am profoundly grateful that Harvard Medical School has allowed me to find and develop a love and a passion, both of which were discovered within this quadrangle. □

Vietnam Remembered 1981
To Jim

I had shoved it under the rug, for after all,
my sons had been too young.
I tuned it out. I buried my head.
I was mindless, voiceless,
I had put my so-called liberal conscience
on a shelf.

Even in this hospital for veterans
I saw clearly only the ones from World
Wars two and one:
I listened to old tales of Guadalcanal,
the London Blitz, Dunkirk, Anzio;
a few old men remembering France,
ticker tape welcomes on Fifth Avenue,
and perhaps Lili Marlene.

Of course I knew the young ones were
from Nam.
I saw them often, bearded, with long hair,
strumming guitars in bed.
I looked right at their eyes and saw
them not.
They had no tales to tell me for they knew
I could not hear—

Until the day I saw my OR colleague,
friend,
Nam Vet, big man, sob and shake.
His nightmares had intruded on the day.
I held him, held him and I wept at last.
His throbbing pain dilated my pupils,
made me sweaty, sick:
suddenly hearing the jungle sounds,
mines, screams;
feeling the empty, useless deaths,
sensing his despairing loneliness,
the hostile silences of his homecoming.

I promise:
I'll never suddenly behind your back
pop a balloon
or hug you unexpectedly, my friend:
your memories have colored my
perceptions.

—*Susanne J. Learmonth '52*

India Photographs

by Mark Rosenberg

I took these pictures in India in the spring of 1976. They are not documentary photographs in the sense of being a travelogue. They do not show what India "is like." They do, however, show what I was looking for, and they document my personal journey.

When I went to India I wanted to get in touch with my own feelings and to experience things without an intellectual filter. I had been a student, a professional, and an achiever for most of my life. Headstrong for a long time. In India I had a chance to escape that, to focus below the head on bodies, on people together, and on people touching.

Mark Rosenberg '71, a psychiatrist, is chief, scientific projects, Center for Health Promotion and Education, CDC, Atlanta. He has published a book of photographs and interviews titled Patients: The Experience of Illness.

Above: These two brothers had just completed their religious initiation rite together. Their heads had been shaven, and they had been given religious strings which they will always wear over one shoulder beneath their clothing. Birth order is probably as strong a determinant of the pattern of one's life as sex.

Above: In a small traveling circus in West Bengal, this 80-year-old veteran performer played many roles. He was the strongman (who let an elephant walk over his chest) and the teacher of young performers. He was also the grandfather of this young acrobat.

These two men were giving each other a massage with a mud believed to have special medicinal powers. The mud may well have had special powers, but the sensuous energy these men gave and absorbed came from the laying on of hands.

I encountered these four men along the Ganges River, looking across from India into Bangladesh. In India I never saw a physical display of affection between a man and a woman. Even a husband and wife I knew were reluctant to stand too close when I asked to take their photograph. But men were physically, openly affectionate with other men. They commonly worked, played, and sat together, and held each other. This touching and intimacy was neither a sign of homosexuality nor an occasion to worry about homosexuality.

REUNION REPORTS

55th Reunion

The 55th reunion of the Class of '28 included several of the sessions in buildings A, B, C, D, and E, and ended in a gathering Friday evening. Twelve classmates, 10 of them accompanied by their spouses, joined at the Harvard Club for generous refreshments and dinner with wine. We felt the absence of our president, Myles Baker, and our class agent, Virgil Casten, both deceased.

The talk throughout the dinner concentrated on two subjects. One was a running argument about the value of psychoanalysis. The analytically trained supported this therapy, but one class member said it was of no use.

The second subject was medicine's responsibility concerning weapons and war. Several were satisfied with supporting the weapons freeze. Others felt that medicine should point out the dangers of *any* war, and should concentrate attention on the art of negotiation to avoid all war.

Roger Baker gave the outstanding talk of the dinner, and ended by singing his favorite songs.

—Oliver Cope

50th Reunion

The 50th reunion of the Class of 1933 boasted a large gathering of classmates (36), wives (28), and widows (2). Each event was well attended by the class, although our aging members found some of the scientific symposia difficult to grasp. The Boston Pops concert was a great pleasure, recalling the early Fiedler years of our student days.

We were sorry that our most distant classmate, Seiriol Williams, from British Columbia, had to send his regrets, but we welcomed Maxwell Hunter and his wife from Olympia, Washington. Hunter had not visited HMS since our graduation.

We regretted the absence of eight of our well-known members now deceased, and of several others because of a significant degree of incapacity—but were delighted to welcome several classmates who attended despite their handicaps.

There were two enjoyable class parties, one at the Country Club, arranged by our busy secretary-treasurer, Carter Rowe, and the second at the Lincoln home of the Cannons.

The class voted to establish a 1933 scholarship fund, to be named after one of our best known and most distinguished classmates, J. Engelbert Dunphy. We hope for generous support from the class, and that friends and patients of Bert's may also wish to contribute.

I include with this report a poem by classmate Rolf Lium, commemorating the occasion.

—Bradford Cannon

There is an old, oft-quoted adage
Attributed to someone, millennia ago,
That wisdom somehow increases with age,
And I wonder if that can really be so.

One might say parenthetically
That we are programmed by DNA
To become geniuses automatically
If we prolong our terrestrial stay.

Of one thing I am lately aware:
Hanging on to new fact or recalling
a name,
Once seemingly easy, now isn't there.
Forgetting triumphant, remembering lame.

And medical knowledge has progressed
so fast
There is no way my noggin can get firmly
imprinted.
One wonders how long the speed-up will
last
For stuff the new generation takes firmly
for grinted.

Computer now gives us instant recall.
One doesn't have to remember an iota
Of data, facts, equations and all—
Chips smaller and smaller to reductia
absurda.

My comforting thought about this technology:
It has nothing to do with wisdom we show.
A truth exposed by ancient Greekology:
To be wise, be aware of what you don't
know.

—Rolf Lium

45th Reunion

Thursday: Faculty lectures and graduation. I chose the latter, which was a family affair—"Gee, Mom, I want you to meet my wonderful teachers," etc. Norman Cousins and Bernard Lown decried the nuclear buildup, as I do, but they came on a little heavy, especially Cousins. The stars were the student M.C. and his four classmates, who were wonderful and entertaining speakers. If they are representative, the school must be doing something right. Dinner that evening at the Tavern Club was arranged by Junie Kneisel and Harold Bengloff. Our adopted classmate, Arthur Hertig, entertained us with his undiminished wit.

Friday: Alumni meeting presided over by outgoing president Jane G. Schaller, who will succeed Sidney Gellis in the Department of Pediatrics at Tufts. That afternoon we went to the Sheraton-Islander Inn, Goat Island, Newport, and had a

superb buffet-dinner-dance with the Class of 1948.

The music was by an old Fall River friend, Al Rainone, who played everything from "The Sheik of Araby" to "New York, New York." Gunderson, Roger Wilcox '48, Lepreau, and our ladies closed it up at midnight.

Saturday: We roamed the town, played tennis, looked at birds, and in the evening enjoyed a pleasant dinner and some good stories.

Sunday morning: Classmate Don Fletcher, president of the Redwood Library, showed us some of its treasures—among them, Gilbert Stuart's original portrait of Benjamin Waterhouse, a copy of which hangs in the Faculty Room at HMS. The Redwood is the oldest library in continuous existence in the United States.

A super time with super people picked by a super committee—Hale Hale Hale.

—Frank J. Lepreau

40th Reunion

1943-A

The 40th reunion and eighth postgraduate gathering of the brotherhood of '43A and '43B was punctuated by many happy and memorable events. There were also somber moments for those who are deeply missed.

The evening at Pops offered the first opportunity to rekindle old friendships and at the same time enjoy a fine musical program. Many of us attended the scientific sessions on Wednesday and Thursday. Thursday evening Stef and Ben Ferris graciously invited both classes to their beautiful home in Weston for a most adequate clambake with all the fixin's.

Following the excellent program by the Class of '58 on Alumni Day, we set our course for the Wequassett Inn on Pleasant Bay, Cape Cod. The weather was flawless during our two and a half days there. The food was delicious, the speeches short, and the humor spontaneous and frequent.

We want to express our appreciation for the support given to us by Ralph Travis and the Alumni Office staff. We also want to thank our classmates who contributed their time and effort—especially Henry Allen, who compiled and edited the '43A report; Allan Friedlich, for all the financial arrangements; Stef and Ben Ferris for their generosity; and all who made the reunion a great success just by being there.

—Don McLean

1943-B

The 40th reunion of the Class of '43B was a smashing success. A number of classmates and spouses returned for the festivities. For the splendid clambake at Stef and Ben Ferris', house and grounds were beautifully prepared with a colorful tent and flowers.

On Friday, many of us went to the Alumni Day activities and then headed for the Wequassett Inn. The next 36 hours were absolutely ideal: good weather, good company, and many happy laughs. Some went whale watching, some played tennis, some wandered around, and others just sat.

Our co-reunors from the Class of '43A were also in strong attendance, although the statistics suggest they have not done quite as well as '43B down through the years. The meeting broke up on Sunday morning with tearful departures and promises to return five years later.

—John R. Brooks

35th Reunion

The 35th reunion of the Class of 1948 proved a warm and memorable occasion. Sixteen classmates, many with spouses and some with children, enjoyed festive tables and wine at the Boston Pops concert Wednesday night. A larger contingent participated in the scientific symposia and Class Day activities. Sixty-four of us, including Dean and Mrs. Tosteson, met for dinner and social exchange Thursday evening at the new Harvard Club overlooking Boston Harbor.

On Friday, class members and their families, 52 in all, arrived at the Sheraton Islander on Goat Island in Newport. There we joined the Class of '38 for a banquet and dancing to music spanning the era from 1940 to the present.

On Saturday we had time to enjoy the many activities surrounding preparations for the defense of the America's Cup. Some spent time at the waterfront with its shops, sailing, and marinas. Others attended concerts, Scottish games, or military shows.

In the late afternoon we all went to the Hammersmith Farm for a tour of the childhood home of Jacqueline Kennedy Onassis and a clambake in its Olmstead-designed formal gardens. The weather was perfect. Beer and wine flowed freely under a green-striped tent. We relived bits of the past and exchanged plans for the future.

All was made possible through the planning and work of reunion committee members and the Alumni Office. Special thanks to our editor, Newt Peabody, to Ed and Mary Fran Gray, and to Alfred and Emily Scott, all of whom gave freely of their time and talents. Perry Culver, Ralph Travis, and Virginia Linnane of the Alumni Office guided us from the knowledge gained of experience.

—James A. Bougas

30th Reunion

After 13 straight weekends of rain, our 30th reunion was blessed with glorious sunny weather. Special events included an evening at the Boston Pops and an elegant class dinner at the Parris Room of the Great Hall in Quincy Market.

A small group of our classmates went to the Stageneck Inn in York Harbor, Maine, for the weekend. Dinner at the inn, an old-fashioned clambake, and sightseeing along the beautiful Maine coast were all great fun. Most enjoyable, however, was the opportunity to talk with classmates and spouses about hobbies, children, and grandchildren.

This was the friendliest and most enjoyable reunion so far; perhaps we are mellowing with age. A special note of thanks to Jim and Jean Peters for serving as class treasurers, and also to Iolanda Low for editing the 13th Reunion Report.

—Alan L. Kaitz

25th Reunion

A high percentage of the Class of 1958 attended its 25th reunion. It was most interesting and educational to see what old friends have accomplished.

On Thursday there were four outstanding scientific talks. Charles Carpenter spoke about "The Clinical Use of Monoclonal Antibodies for Immunotherapy," Martin Cline told us about "Genetic Engineering for Inherited Disease," and Richard Soffer gave "Some Thoughts About the Renin Angiotensin System."

On Thursday night we had an excellent dinner at the Union Club in Boston. This was the first time our class got together as a group. On Friday, there were excellent talks by Stanley Bohrer, Howard Corwin, and John Porvaznik. The weekend was spent at Blackpoint Inn in Prout's Neck, Maine, a very pleasant and relaxing place.

Peter Coggins and George Jacoby sent a poll out to the class prior to the reunion. The following summary was so interesting that I thought it would be good to include with this report.

—Hugh P. Chandler

Unofficial, Anonymous Questionnaire on the Occasion of Our 25th Reunion

Three-quarters of us are active teachers, nearly one-quarter at Harvard. In the group are 34 full professors, 11 unit chiefs, 17 department heads, and a dean—reflecting our illustrious achievements and our advancing age.

Fewer than half of us are working in the fields we thought we would when we started medical school. Two-thirds of us, however, would pick the same field if we were starting again. Fewer of us would choose psychiatry, administration, and pediatrics, though, and 10 of us would not go into medicine at all.

Our work week averages 60 hours, not varying much by type of practice. The distribution of time differs, however, with surgeons and dentists spending a much higher proportion of time in direct patient care, while internists and psychiatrists have more teaching, research, and administrative responsibilities. Our incomes have risen a good deal since 1973, and there is now less difference between specialty types and between academic and non-academic groups.

We exercise moderately, with peaks at 1 and 5 hours per week. Most of us don't jog—though 15 of us put in more than 10 miles per week. Most of us watch TV 2 to 5 hours per week. We don't read, write, or study much nonmedical material, nor do we spend any time at clubs or social organizations. We claim a vast number of civic activities but do not spend very much time at them.

We reflect our times in that almost all married class members have 2, 3, or 4 children. More than half of us remain very happy in our marriages. Since the last reunion, we have picked up 5 cigarette smokers who consume more than a pack a day. Our children would consider us hopelessly square upon viewing our marijuana, cocaine, and drug habits.

We do not attend religious services very regularly, although surgeons go more and psychiatrists less than the rest of us. Psychiatrists are more likely than most to have their own personal physicians. Half of us have had a physical exam or checkup since March 1982. We all know our blood pressures, but a third of us do not know our serum cholesterols.

Although we think that much of our medical school courses were not relevant to today's medical practice, we thought the courses were quite appropriate for their time. We wanted more preventive medicine and discussions of ethical and social medical concerns. Internists wanted more biochemistry and physiology, and less anatomy/histology. Surgeons wanted more pathology and less biochemistry! Psychiatrists in particular wanted more preventive medicine and public health.

Remarkable numbers of us favor government payment of medical tuition in return for government service. We also heavily favor a bilateral nuclear freeze. Only 5 of us agree with our president's wish to strengthen arms in order to negotiate.

Compared to 5 years ago, there are no very startling changes. We work the same long hours and are equally happy with our work. We make more money and attend more postgraduate courses. More of our spouses now work full-time. We are a bit more overweight and smoke more cigars, but in general seem to be getting along remarkably well. Well done, Class of 1958!

20th Reunion

The predominantly rainy and dismal spring weather cleared miraculously, but not unexpectedly, in time for the Harvard Commencement. HMS graduation exercises in the quadrangle on Thursday afternoon presented an absolutely glorious scene. After the customary speeches by members of the Class of 1983, Norman Cousins and Bernard Lown exhorted the fledgling physicians to think of the really big picture in health care and preventive medicine.

That evening, about 50 members of our class met at the Chestnut Hill home of Phyllis and Gordon Vineyard, where we partook of liquid, solid, and spiritual refreshments while renewing acquaintances. We were all generally amazed at how we were able to recognize one another after all these years, and to pick up the conversation as though we had last spoken only a few days previously.

continued on next page

20th Reunion continued

A relatively small but enthusiastic hard-core group assembled at the Wychmere Harbor Club in Harwichport on the Cape for the weekend. That group included: Rosalie and Larry Berman, Nancy and Harley Haynes, Don Klein and his fiancée, Janet and Bill Mattson (winners of the long-distance award by coming from Rapid City, South Dakota), Martha and David Rosen, Jean and Ron Rozett. Our HSDM classmates were represented by Nelson Bailey and Kathy and John O'Connor.

All our rooms were right on the water's edge at the inlet to the harbor. The excellent meals were followed by discussions into the night. On Saturday night, at the second of these seances, our group wondered whether scheduling our next reunion in London would stir some members to be more vocal in planning activities, and attract a higher proportion of participants for the big 25th.

—Harley A. Haynes

15th Reunion

The Class of '68 celebrated its 15th reunion with a variety of "appropriate activities." The festivities began on Thursday night with a cocktail party at my house in Chestnut Hill. Approximately 50 classmates, spouses, and progeny gathered outside on one of the few nice evenings in June. The highlight of the evening was listening to a record of the second-year show contributed by Steve Pauker.

There was a heavy concentration of O's and P's from California, with Donna and David Oakes from Atherton, Rodney Omachi and his family from San Francisco, and fellow nephrologist Olu Oredugba, now from Los Angeles (having tried practice in Nigeria and returned). Dave Oyer, now an endocrinologist from Chicago, represented the Midwest.

Rick Podell, just entering family practice in New Jersey, joined us, as did Bill Reed, who came after his daughter's graduation from Harvard. Doctor-turned-lawyer Ira Yanowitz, entrepreneurial dentist Charlie Trauring, Brookline dermatologist Carlton Brownstein, social activist Eric Chivian, and soon-to-be "formerly of Boston" pediatrician Jan Breslow represented the local contingent, joined by the Boulters from Concord, New Hampshire, and honorary classmate Fred Goldberg.

Amid wine and cheese and celebration, we exchanged stories that reflected professional achievement and personal satisfaction. Over the next two days, at the alumni luncheon and reunion on the Cape, out-of-town participants included family practitioner John Arradondo from Meharry College of Medicine in Nashville, teaching pediatrician Barbara Harley from Johnsville, Pennsylvania, and cardiac surgeon Fred Levine from Detroit. Gastroenterologist Mark Peppercorn (who could not attend very many activities because of his son's Bar Mitzvah), radiologist Robert Marshall, and local psychiatrists Roland Ungerer and Ed Shapiro rounded out the crew. Ben Furlong especially enjoyed the golf course at the Wychmere Harbor Club and Bob Frederick and his wife enjoyed their time off from four children. The Lobis and Pincus families joined the rest in celebrating a sunny day on the Cape. If I have left anybody's name off the list, I apologize.

In sum, there seemed to be a sense of achievement and satisfaction. Whereas at the 10-year reunion the talk was primarily focused on academic achievement, this time personal goals and concerns dominated the discussions.

We are looking forward to the 20th reunion, and hope that those of you who did not celebrate this time will join us then. I will have a bigger and better party next time. All of you who missed out this time should come and make yourselves known.

—Stephanie Pincus

10th Reunion

The fates looked kindly on our reunion weekend, providing lots of warm, dry weather in which the Class of '73 consumed lots of cold, wet beer. The festivities started on Friday with lunch at the quadrangle. While awaiting our group mugshot, most of us stood on the sidelines and reminisced. Hopefully, someone got a good set of lecture notes. We were plentiful enough in number that the photographer had to struggle to fit us all into his viewfinder. Or perhaps the problem was a mild expansion in the average girth.

That evening found 60 of us (including spouses) at Faneuil Hall for dinner and good times. Only my wife grumbled openly about the price of the meal. The past 10 years have been good to us: everybody was easily recognizable, although a few could use hair transplants (at a discount from your class agent, of course!). One mystery man with a beard caused a small stir, as nobody recognized him. He turned out to be Dr. George Ricker, astronomer, spouse of classmate Deanna Ricker, ophthalmologist. It seems male chauvinism still lives!

The next day we all gathered at Steep Hill Beach for a clambake and tanning session. Camp HMS t-shirts slightly outnumbered Izod alligators as the leading attire. There were numerous future HMS'ers everywhere, testimony that our class is as vigorous in family-raising as in medicine.

All in all, we had a great weekend. Our class is still a group of very good people with very high ideals. It was most refreshing to come away from the reunion with no knowledge whatsoever of anybody's income or number of bedrooms.

Special thanks to Barry Zitin, George Tully, Joe Corkery, and Jeff Stone for all their work and time. Hope you'll all still be willing and ready in 1988.

—Richard Peinert

5th Reunion

The fifth reunion weekend began on Alumni Day with five loyal members present (pictured left). Mark Lebwohl, his wife, and one very cheerful baby boy made it as far as Class Day.

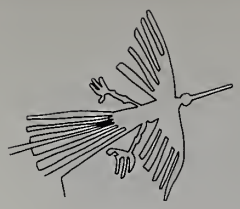
An incomplete list of those at Kathy Murray's Friday soirée includes Mark Drogin, Jerry Knirk, Tom King, Bob Like, Susan Okie and Walter Weiss, Lou Safranek, Vilma Ruddock and Frank Ward.

The rest of the hardy souls who braved one of the most beautiful days of the year for a picnic at Perry Culver's house included: Andrea Ackerman, Elizabeth Bernick, Richard Blum, Paula Boekenstedt and David Fox, Sandra Kopit Cohen and Daniel Cohen, Adrian Gropper, Scott Harris and Joan von Arras, Vanessa Haygood, Nancy Rigotti, John and Janet Corson Rikert, Cathy West and Rick Malmquist, Elizabeth Wise and Jack Young, Pixie Williams, and Robin Yuan. A big prize to Kathy Toomey for coming the farthest—all the way from Alaska, with hair-raising tales of medicine in the wilds.

Apologies to anyone not listed and to the one-year-olds who were everywhere underfoot but remain anonymous.

Finally, many thanks to Drs. Ruddock, Murray, and Culver.

—Ward Casscells



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